1/22/12 A Trans Series Hones Tre- Series alleng Frederic Steven Steven Stevenson I wasted A Wille I Hiller Hill you can be feel the the will will

| 6 4 | 4 2 MAR -9 | FOR STATE REGIST | RAR | | | DEPAR | TMENT OF H | E OF MARYI EALTH AND ICATE OF | MENTAL HYG | IENE 8 | REG. NO | 0 1 | 3 5 | 0 4 |
|---|--|--|---|---|-------------------|----------------|---------------------------|-------------------------------------|-----------------------------------|--------------------------------------|----------------|-------------------|-----------------|--------------------------------------|
| | poge 3 | 1 DECEASED (TYPE OR PRINT) | | thew | | MIDDLE | Adir | iosfi" | . Sr. | 20. DATE OF | DEATH M | 3 S | - 87 | 26 HOUR 2120 A |
| | ge 4 may | 3. SEX | 1 _{ale} | 4. | RACE White | | 5. DATE (| - | YEAR 1908 | 6. AGE (IN YE | ARS LAST BIRTH | _ | ONTHS DAYS | HOURS MIN, |
| 0 | neral din | Penns | E (STATE ORF ylvani | | CITIZEN OF USA | WHAT COUNTR | Y? 8. MARRIE WIDOWI | | MARRIED - | 9 BALTIMOS Mon | tgome | | OF DEATH | M |
| 10.3 | by the further de with | | a far | K/U | Uashi | HOSPITAL, NURS | act address) | or other in | STITUTION . | 120 USUAL C (TYPE OF WORK Barb | FOR MOST OF | | INDUSTRY | of Business or employed |
| DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 | filled in hould be | usual residi 134. STATE 1ary Ian | d | Prince | Georg | Chil | MAL | YES 1 | CITY LIMITS? | 13e.STREET A 816 Th | | | nue 2 | 0783 |
| MARY | ompletel ond 2 s | | Rathal | 800 | DLE | Adinol | | | rs maiden na/ First Constan | | MIDDLE | | DiMai | |
| TIMORE | br wecu | 16a. WAS DEC (YES, NO OR | | (IF YES, GIVE W | | 166 SOCIAL SE | | 17 INFORM | Adinol | fi-wife | ADDRES | | | |
| ST., BAL | a physics on paper emoval. | III CAU | SE OF DEATH | H (Enter poly of AS CAUSED I IMMEDIATE (| IY. | POLA | ral | gry | arr | ref | | T) | BETWEEN | CMATE PITERYAL I DINSET AND DEATH |
| ESTON | 7 | | ions, if any, | | DUE 10, 9 | ANEXE | Live | , le | UA. | | | | | |
| W. PR | though the state of the state o | | rise to imm (a), station ying cause | g the | DUE TO, O | wii | West OF | ilm | Pales | 24 | | | | 9 |
| JRDS, 20 | Then property, or burn. | NO PART? | relie | US - | POR CO | Asic | O DEATH BUT | NOT RELATE | D TO THE TERM | INAL DISEASE | OR COND | | | |
| AL RECC | The Gu | ETIFIC | E OF OPERAT | | | ITION FOR WHI | CH OPERATIO | | | 70e AUTO | NOS. | IN CERTIFY YES | | NGS USED S OF DEATH? NO |
| NOF VIT | SECIAN. | CR COM | EX. NOTEY MEDIC | AUSE OF SEATH | | M. MONTH M. | DAY YEAR | | NJURY OCCUR | RED (ENTERNAL | UNE OF PULIF | THE IS A | BT I (DEPART 2) | |
| DIVISION | After this charge of the control of | WEDICAL WORK IN | URY OCCURE | 17 to | | OF INJURY | 2 Faam \$10.1 | 4 4/0 A | ION II | 0 | 2/AC | 64 | COUPEY | STATE |
| | CTOR J | sow abo | the decease | (this hospital ed alive on fid) (did not) v | 13/5 | ofter death. | 100 | | 19 ri (our) opinion (| death occurred | on the dot | te and hour | | |
| | TO DE | 771.596 | TURE On | 100 | don | 10,0 | - m | DEGREE | ATTENDING | MEDICAL . | STAFF | | DATE DATE | SIGNED Y |

731 NAME OF CEMETERY OR CREMATORY

Gate of Heaven

DHMH - 16 60M 7/84 (VRA 15, 4)

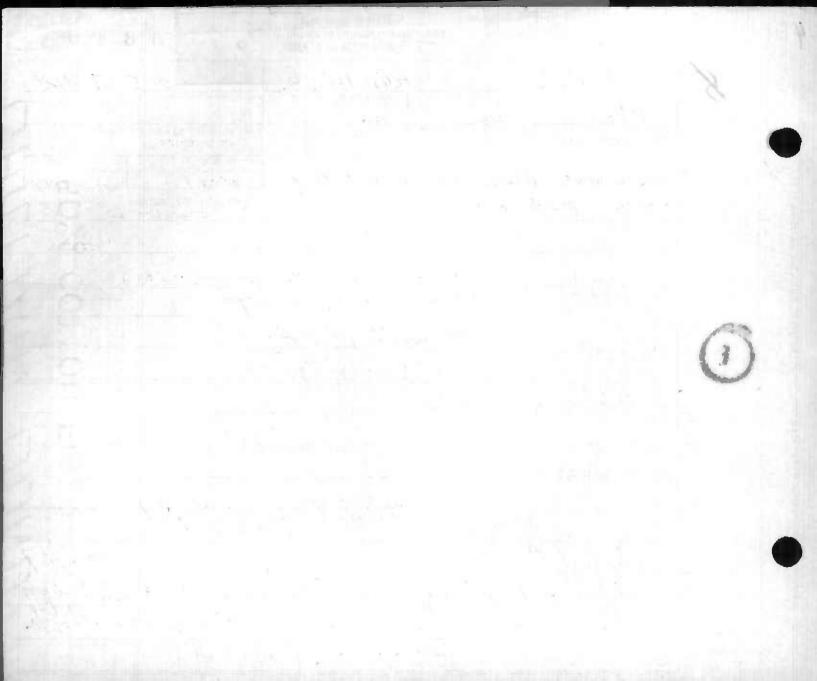
24 FUNERAL DIRECTOR Hines Rinaldi Funeral Home Silver Spring, Md.

73h DATE 3-9-1987

736 BURIAL CREMATION, REMOVAL

250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

Silver Spring Montgomery Md.

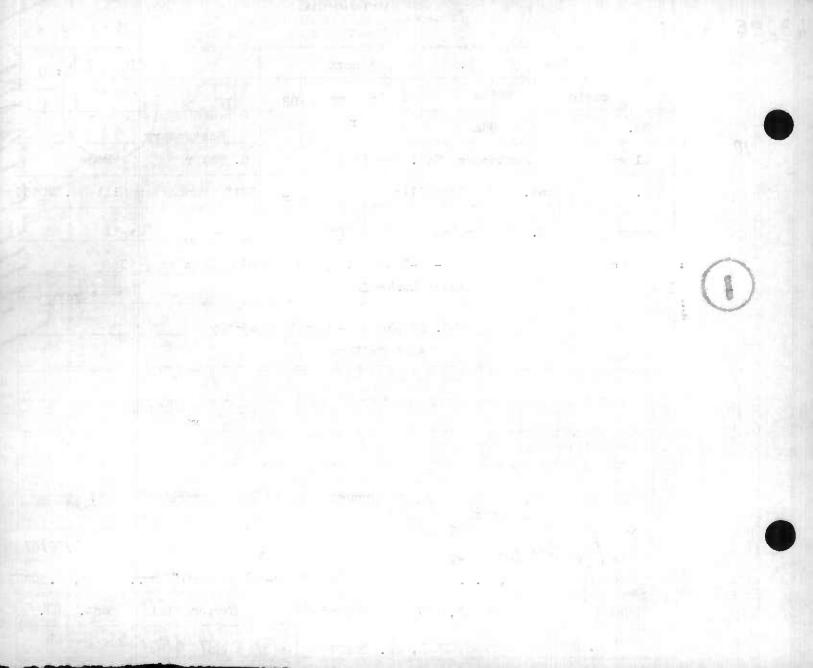


| | | | | | | | | STAT | E OF MARYLAND | | | | |
|--------------------|---|-----------------|---------------|--|---|---------------------------------|-----------------------|-------------|--|---|---|--------------------|--------------------------------|
| | | | 1- | FOR STATE REGISTRAR | | | DEPARTA | | EALTH AND MENTAL HYC ICATE OF DEATH | BIENE B REG. NO | . 0 | 8 5 | 0 5 |
| 691 | deoth, | R 13 | | CEASED NAME OR PRINT) | 100 | sard | AIDDLE | Ale | Shire | 20. DATE OF DEATH | DAY 2 | 7 87 2 | 6:20 PM |
| ge 4 mo | rector. po urs ofter d | | | Male | | White | | 5. DATE C | | 6. AGE (IN YEARS LAST BIRT | YRS. | HS DAYS | IF UNDER 24 HRS |
| Geoth. Po | unerol de | S Parice | (| RTHPLACE (STATE OR COUNTRY) Virginia IY OR POWN OF DE | | USA | WHAT COUNTRY? | WIDOWE | | Montgome | ry | DEATH | MD. |
| 01 ₈ | by the fi | 20 | | Mt. Airy | | Pleasa | nt view N | ADDRESS) iv | or other institution ig Home | 120 USUAL OCCUPATION OF THE OF WORK FOR MOST OF TRUCK dri | F WORKING LIFE) | 26 KIND OF NOUSTRY | BUSINESS OR |
| LAND 21 | ly filled in should be | | 13g. S | AL RESIDENCE (IF NUR. TATE Maryland THER'S NAME | 13b COUNT | other institution TY Wand | 13c. CITY OR TOW | | 13d INSIDE CITY LIMITS? YES NO 1 | | zip code le Park | 20794 | 1 |
| MARY ted with | omplete ond 2 | 250 |) | Carter | M | Ale | shire | | Rosetta | WIDDIE | Breed | lon LAST | |
| BALTIMORE, | saba | dico | 16g. V | VAS DECEASED EVER PES NO OR UNKNOWN) NO | | MED FORCES? WAR OR DATES) | 227 09 (| | GraftonAlesh | rire St Mary | | Bambr | ill, Mo |
| W. PRESTON ST., BA | by the ottend to physics remove contaction. | other troumate | | PART I. DEATH W Conditions, if ony gove rise to im couse (a), statiunderlying couse | IMMEDIATE , which mediate ng the | DUE TO, OI | Ine for yol, (b), one | ENCE OF | Mesperitory ma | Avest | | BETWEEN ON | ATE INTÉRVAL USET AND DÉATH |
| RDS, 20 | n signed Then ple r to burio | ınjury, o | NOI | PART 2 OTHER SIG | Deme | INDITIONS CO | | DEATH BUT | NOT RELATED TO THE TERM | AINAL DISEASE OR CON | DITION GIVEN I | N PART 1101 | |
| AL RECO | ion. hos bee it permit. | Lowsony | CERTIFICATION | 19a DATE OF OPERA | TION | 19h CONDI | TION FOR WHICH | OPERATIO | N WAS PERFORMED | 200 AUTOPSY? | 20b. IF YES, WI IN CERTIFYING YES | | |
| DIVISION OF VITAL | ending physic this certificate ne buriol-trans nd Mentol Hyg | d or Item 18 s | MEDICAL CE | 21a, ACCIDENT WAS UN OR CONTRIBUTING (IF EITHER, NOTIFY MED 21d INJURY OCCUR | CAUSE OF DEAT ICAL EXAMINER) RED | P.i | M. MONTH DA M. | 19 | 211 LOCATION STREET | RED (ENTER NATURE OF INJUR | | OR PART 2) | STATE |
| DIVIO | TOR: After for use as the | 21 is morke | | 22s I certify that (I) sow the decease above (I) (we) (| this hospite | | | . 01 | , 19, 19 | , to death occurred on the da | te and hour and | | not (I) (we) lost |
| HOSPITAL OR A | etoined by the hos TO FUNERAL DIRECT should be detached with the State Dept. | PORTANT: If hem | | 22d. PHYSICIAN'S N | AME TYPE OR | hal | , | | 22e ADDRESS | MEDICAL STAF | IAN 🗌 | 22. DATE SI 2/2 | GNED 7/87 |
| 5 | BP | 3/ | 23a B | urial, cremation, specify) Burial | REMOVAL | 23b. DATE March | | | ion Church of | 23d LOCATION CITY OR TOWN | | Virain | STATE LIA |
| DH | MH - 16 60M | | 24. FL | INERAL DIRECTOR NAME DOI | raldso | n kuner | al Homes. | MIC | 250. DA | E REC'D. BY REGISTRAR | | SSIGNATUE | RE |

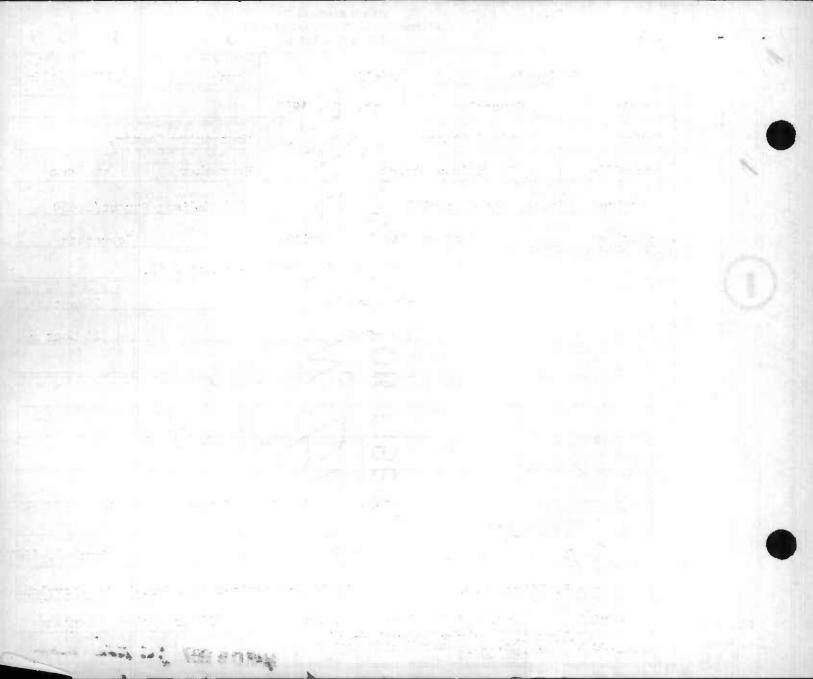


STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 48395 MR 27 - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME EIRST 2g DATE OF DEATH MONTH YEAR 2b. HOUR (TYPE OR PRINT) Tda M. Allnutt 2:40 3 SEX 4 RACE 5. DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS female. White 08 20 78 TO BIRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED X NEVER MARRIED Md RY USA DIVORCED [WIDOWED [Montgomery 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 12b. KIND OF BUSINESS OR TH OF WALKETS OF WORKING LIFE Montgomery Gen. Hospital Olney ARROHIVI WOUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) Mon t ROCK TOWNE 13d INSIDE CITY LIMITS? 5918 AMuncaster Mill Rd. 20855 4 FATHER'S NAME 15. MOTHER'S MAIDEN NAME FIRST MIDDLI Harry H. Fraley Lula Duvall 166 SOCIAL SECURITY NO 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT ADDRESS IYES NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) F. Byron Allnutt 214-36-3430 Same as # 13 no 18 CAUSE OF DEATH Enter only one couse per line for 101. (b), and 101. PART I DEATH WAS CAUSED BY: Acute Leukemia APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH vear IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Abd. Lymphoma - Cardio myopathy Conditions, if ony, which gove rise to immediate couse (a), stoting the DUE TO, OR AS A CONSEQUENCE OF ailure underlying couse lost. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (0 CERTIFICATION 19 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOW NO [210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 19 21d INJURY OCCURRED 21e. PLACE OF INJURY 211. LOCATION AT HOME STREET, FACTORY, OFFICE, FARM ETC 1 CITY OF TOWN COUNTY STATE NOT WHILE AUGUSL 220.1 certify that (1) (this hospital) attended the deceased from_ sow the deceosed olive on____ March and that in (my) (our) opinion death occurred on the date and hour and from the causes stated obove, (I) (w/) (did) (did not) view the body ofter death 22b. MGNATUR DEGREE 22c DATE SIGNED 3/20/87 ATTENDING MEDICAL FUNERAL noted be detected by the Stote PHYSICIAN TO DIRECTOR PHYSICIAN 22e ADDRESS MPORT DONALD E DILLON, M. 2901 Olney-Sandy Spring Rd. Olney, Md. 20832 230 BURIAL, CREMATION, REMOVAL 23c NAME OF CEMETERY OR CREMATORY 23b DATE SPECBURIAL Laytonsville MARCH 23,1987 Laytonsville Mont. 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR DHMH - 16 50M 1/81 MURIEL H. BARBER (VRA 15, 4)

LAYTONSVILLE, MD. 20879

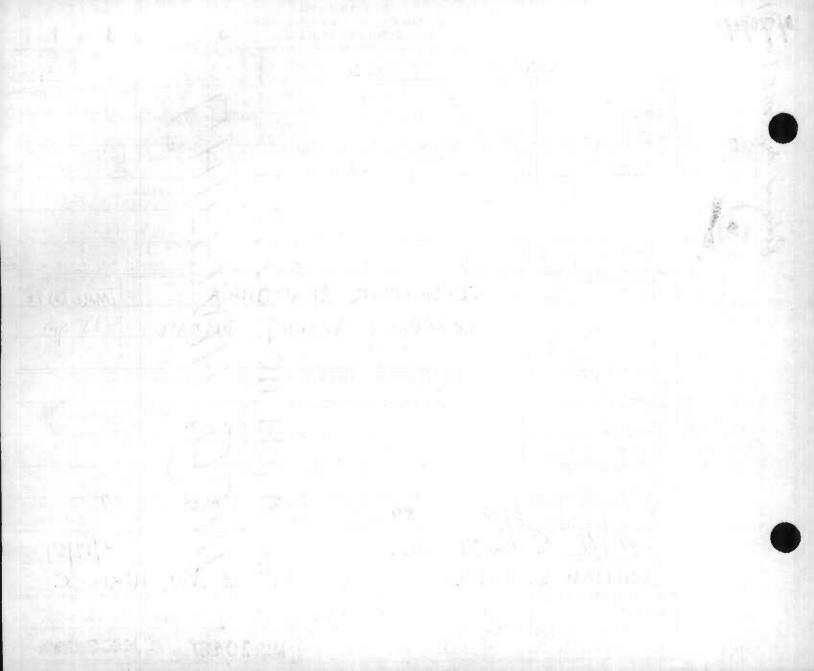


| | | | | | | STAT | E OF MARYLAND | | | | | | |
|--|---------------|---|--------------------------|--|-----------------|--------------------|----------------------------------|------------|----------------------------------|----------------|-------------|---------|---------------------------------|
| | 1. | FOR STATE REGISTRAR | | | DEF | | ICATE OF DEATH | HYGIENE | B PREG. N | 0 | 8 | 5 | 08 |
| 60 e | | CEASED NAME | PERSI | Elaine Anderson | | | | | DATE OF DEATH | MONTH S | BAY | YEAR | 26 HOUR //38 P M |
| 49 07 APR | 3. SE | inal | | RACE WHI | | November 7, 1904 | | | GE (IN YEARS LAST BI | RTHDAY) | IF UNDER | | HOURS MIN. |
| of the Post of the | | RTHPLACE (STATE OR FOCOUNTRY) outh Carol | | b. CITIZEN OF | WHAT COUN | MARRIE WIDOW | D NEVER MARRIED | 9 B | Mont gom | OR COUNT | Y OF DE | ATH | AAD |
| 1 1 18 | 10 C | ITY OR TOWN OF DEA | TH 1 | 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTIT (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) HOLY Cross | | | - 0 | | | | | | |
| (G)X | 13a. | AL RESIDENCE (IF NURSI | | R OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) NTY 134. CITY OR TOWN 134 IN | | | 13d INSIDE CITY LIMITS | S? 13e | STREET ADDRESS | / ZIP COD | E G | 2270 | 441 |
| 100 | | Samuel | м | IDDIE | DuBo | 51 | IS MOTHER'S MAIDEN HEST Virginia | NAME | WIDDIE | | Sprin | LAST | |
| BALTIMORE, MARYLAND 2120 The process of the proces | | WAS DECEASED EVER I | | NED FORCES? WAR OR DATES) | | SECURITY NO. | 17 INFORMANT Carl Emil A | | 52 ^{ADDR} son Culp | Barbei | rry S | Stre | et a |
| a | | 18 CAUSE OF DEATH PART 1. DEATH WA | tEnter only AS CAUSED | BY: | line for (a), (| | | cre | | | BE | | NATE INTERVAL NSET AND DEATH |
| A STATE OF THE STA | | Conditions, if any, gove rise to imm | which | | R AS A CON | SEQUENCE OF | ordial in fo | | | | / | 17 d | aye. |
| a that the ed by the please ren rial, crem or other? | | couse (o), stating underlying couse | g the last | (10)_(| Oron | SEQUENCE OF | | | , swer | | | lear | s . |
| the signal of th | MOLL | PART 2. OTHER SIGN | Deve. | re sem | coly | ed other | NOT RELATED TO THE T | Vacas | cular des | ease | | | |
| The lo- | CERTIFICATION | 171a. ACCIDENT WAS UND | ę-m | 21b. TIME O | _ | MICH OPERATIO | | Y | ES NO | IN CERT | ES 🗹 | AUSES (| OF DEATH? |
| OFFICIAN The low of the control of t | MEDICAL CI | OR CONTRIBUTING C | AUSE OF DEATH | HOUR A. | M. MONTE | H DAY YEAR | 21¢ HOW INJURY OC | CURRED | (ENTER NATURE OF INJ | JRY IN ITEM 18 | PART 1 OR P | (ART 2) | |
| Marke the control of | MEC | 21d. INJURY OCCURR WHILE NOT WHI AT WORK AI WOR | K | | REET, FACTORY C | OFFICE, FARM ETC) | 211 LOCATION STREET | | CITY OR TO | own . | cou | YTM | STATE |
| ATTEND publish a ECTOR differ use fit all free m 21 u.m | | sow the decease obove, () (we) (d | d alive on_ | 3 | 126 | (1 | nd that in (aur) apin | nion death | to | ate and ho | | | |
| PA TEN OR THE TEN OR T | | Somes | CC | olema | n MO | , | | N P DI | EDICAL STA | CIAN | | 3-2 | 7-87 |
| TO HOSP Hoched Should be wholed by | | | | COLEMP | AN | | | EATO | N, MARY | LAND | 20 | 0907 | 6 |
| 99999 | | BURIAL, CREMATION, F SPECIFY) Burial | REMOVAL | 03/30 | /87 | Culpepe | emetery or cremato | Cem. | d LOCATION CITY OF TOWN Culpepe: | r (| Culpe | | Va. |
| DHMH (6 60M 7/B4 (VRA 15, 4) | | UNERAL DIRECTOR Clore Fune: | ral Ho | ome | ADD | | Main St 250 per, Va. | | 1 1087 | 25b. REGIS | TRAR'S S | PATU | Rica. |



att less's

| 47941 MAR | 3 (| EOR | | | DEPART | MENT OF H | EALTH AND MENTAL HY CATE OF DEATH | GIENE | | n | 2 : | 1 1 | |
|--|---------------|---|-------------------------|---------------|--|-----------------------|--|-------------------|--|----------------------|-------------|---------------------------|--|
| | 1. DE | REGISTRAR CEASED NAME | FIRST | | MIDDLE | | ST. | 20. DATE OF | REG. NO. | H DAY | YEAR | 26 HOUR | |
| C | | OB 8815 15 | Mauri | ce | | Apste | | | L6/87 | , DAI | TEAR | | |
| Now Sop leading to the sound to | 3 SE | x | 4. | RACE | | S. DATE C | F BIRTH | | ARS LAST BIRTHDAY) | IF UN | DER I YEAR | 20:40M IF UNDER 24 HRS | |
| % sector | | Male | 30 | Cauc | casian | MONTH 5 | /5/10 YEAR | 76 | 5 | YRS. | HS DAYS | HOURS MIN. | |
| Tal day | | RTHPLACE (STATE OR FOREIGN 76 | | | F WHAT COUNTRY? | MARRIED NEVER MARRIED | | 9 BALTIMO | 9 BALTIMORE CITY OR COUNTY OF DE | | | | |
| | | nnecticut | | U.S.F | | WIDOWE | | | gomery | | | MD. | |
| Month of the state | | Bethesda 11. | | (IF NOT IN SU | NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Suburban | | | | 120. USUAL OCCUPATION 11YPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Scientist Pept.of Defen | | | | |
| NO 212 | | AL RESIDENCE (IF NURSING TATE | Monta | | 13c CITY OR TOW | , | 138. INSIDE CITY LIMITS? | 130.STREET A | DDRESS / ZIP | code | (208 | 14) | |
| BALL STORY | | THER'S NAME | | DDIE | LAST | | IS MOTHER'S MAIDEN N | | WIDDLE | | LAST | | |
| # 3 50 翻至)(|) | David | | | Apstein | | Mary | | | | cnowr | 1) | |
| MORE Pog | (| VAS DECEASED EVER I | U.S. ARMI | | | | 17 INFORMANT | | ADDRESS | | 20814 | | |
| Cipn gers. Pe | 1 | 10 | | | 085-10-2 | · | Martha Apste | in;Wife | ;4611 M | aple A | | | |
| ST., BA | | PART I. DEATH WA | AS CAUSED | | VENTRI | CULA | R ARRH | THUIA | | | 7 | DIA TE | |
| TON oth co | | | | DUE TO, O | OR AS A CONSEQUE | NCE OF | V W DOWN | Di | SEASE | | 15 | 11.00 | |
| PRES | | Conditions, if any, gave rise to imm couse (a), stating | ediote | (b)_ | | | HICIEICO | VI | SEAJE | | 7 | dez | |
| 1 W. I by t | | underlying couse | | (c)_ | OR AS A CONSEQU | ENCE OF | A SHEET Y | | 31.1 | | | C-DAY | |
| to burnes to burnes to burne to burne injury, or | NO O | PART 2. OTHER SIGN | IFICANT CO | NDITIONS C | CONTRIBUTING TO | DEATH BUT | NOT RELATED TO THE TER | MINAL DISEASE | OR CONDITIO | n given ii | N PART) ia | | |
| RECORDS | CERTIFICATION | 190 DATE OF OPERAT | ON | 196. CONI | DITION FOR WHICH | 20a AUTO | 200 AUTOPSY? 206. IF YES, WERE FINDINGS IN CERTIFYING CAUSES OF D | | | GS USED OF DEATH? | | | |
| VITAL AN: The hysicion hymosoli promisi promis | ERT | 21g. ACCIDENT WAS UNDE | RLYING | 21h TIME | OF INJURY | | 21c HOW INJURY OCCU | PRED (ENVERNMENT) | NO B | YES | 08.84.81.21 | NO [] | |
| DIVISION OF VITAL NG PHYSICIAN: The offer this certificate has a steep build-transit frond Mental Hygier though wental Hygier and Mental Hygier the ord Mental Hygier though a steep orked or tem 18 steep orked or tem 18 steep | | OR CONTRIBUTING C | AUSE OF DEATH | HOUR A | | AY YEAR | The state of the s | MED (ENTERIOR | OKE OF HAJORY HA III | EM IO PARI I | ORFARIZ) | | |
| HYSICIA HYSICIA In certifi busicial by Mentol or them | MEDICAL | 21d. INJURY OCCURR | | 21e. PLACE | OF INJURY | | 211 LOCATION | | CITY OR TOWN | | COUNTY | STATE | |
| VG Profession of the professio | ¥ | AT WORK AT WOR | E 🗆 | (ATHOME, S | THEET, FACTORY, OFFICE, I | ARM ETC) | SIRCET | | CIII OK IOWII | | | SIAIL | |
| N S A S A A A A A A A A A A A A A A A A | | 220-1 certify that (1) (| |) oyended | he deceased from_ | | , 19.90 | | MAR | . 19_ | | hat (1) (we) last | |
| ATTE OSPITE OSPI | 24 | saw the decease abave, (1) (we) (de | d olive on_d) (did nat) | view t @bad | y alter death. | | d that in (my) (aur) apinia | n death accurred | an the date an | | | | |
| L OR He h | | 22b. SIGNATURE | 4 | Ba | thom | ~ | DEGREE ATTENDING | MEDICAL , | STAFF | | 22c DATE S | IGNED | |
| HOSPITAL ned by 11 FUNERAL Jid be det in the Store ORTANT. | | 27d PHYSICIAN'S NA | ME (TYPE OF P | RINT) | me m | | PHYSICIAN 22e ADDRESS | DIRECTOR | PHYSICIAN [| | 9/1 | 101 | |
| O HOSPITA etoined by 1 TO FUNERAL should be de with the Stot | | WILLIAM | 1 E. | DA. | TILE | | 1145 19 | - St | NW. | WA | 5H.] | DC | |
| 5 € 5 € \$ ₹ | | SURIAL, CREMATION, R | | 23b. DATE | | | METERY OR CREMATORY | | | - (0) | UNITY _ | STATE | |
| BP | 1 | urial | | 3/19/8 | | | id Memorial | | | | | | |
| DHMH - 16 60M 7/84 | | UNERAL DIRECTOR DA 170 Rockvi | | | | | | ATE REC'D. BY RE | GISTRAR 25h R | EGISTRAR" | SSIGNATU | RE | |
| (VRA 15, 4) | | 1/0 1/00/1/1 | Te LI | ve, ve | CVATITE, | ru. Z | 0002 | and of t | 221 100 | ALL BUREA | WAY OF | CAN I SH | |



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 7- STATE CERTIFICATE OF DEATH REGISTRAR OLIVE DECEASED NAME ARMENTROUT 20 DATE OF DEATH 26 HOUR (TYPE OR PRINT) 3 SEX MONTH VEAR Coucastan 89 I STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED WASH. DC. USA WIDOWED DIVORCED 11. NAME OF HOSPITAL, NURSING HOME OR OTHER CITY OR TOWN OF DEATH H. MAKER HOME USUAL RESIDENCE (# 136 COLINIY 13e STREET ADDRESS / ZIP CODE 13d INSIDE CITY LIMITS? MONT MD. 301 Russell Ave. 20877 FATHER'S NAME 15 MOTHER'S MAIDEN NAME FIRST MIDDLE MIDDLE WALMSLEY HERBERT DEAN TILLIE 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 166 SOCIAL SECURITY NO 27 Farnham St. (YES NO OR UNKNOWN) LIE YES GIVE WAR OR DATES) 577-84-0845 CHARLES ARMENTROUT Portland, Maine 18 CAUSE OF DEATH (Enter only one couse per PART I, DEATH WAS CAUSED BY. IMMEDIATE CAUSE (Conditions, if ony, which gove rise to immediate couse loi, stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 28s: AUTOPSYT 20b IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? 210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATUR OF MIN 18 PART I OR PART 21 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) 5 214 INJURY OCCURRED 71e PLACE OF INJURY 211 LOCATION CITY OF TOWN COUNTY STATE AT HOME STREET FACTORY OFFICE FARM ETC.) NOT WHILE I WORK AT WORK 226.1 certify that (I) (this hospital) attended the decedsed sow the deceased alive on obove, (1) (we) (did) (did not that in (my) (aux) apinion death occurred on the date and hour and from the causes stated 22b. SIGNATURE ATTENDING ! MEDICAL STAFF TO FUNERAL C should be detoc with the State D PHYSICIAN DIRECTOR PHYSICIAN 22d. PHYSICIAN'S NAME ITYPE OF PRINT IMPORT

23c. NAME OF CEMETERY OR CREMATORY

24 FUNERAL DIRECTOR DHMH - 16 60M 7/84 (VRA 15, 4)

BP

230 BURIAL, CREMATION, REMOVAL

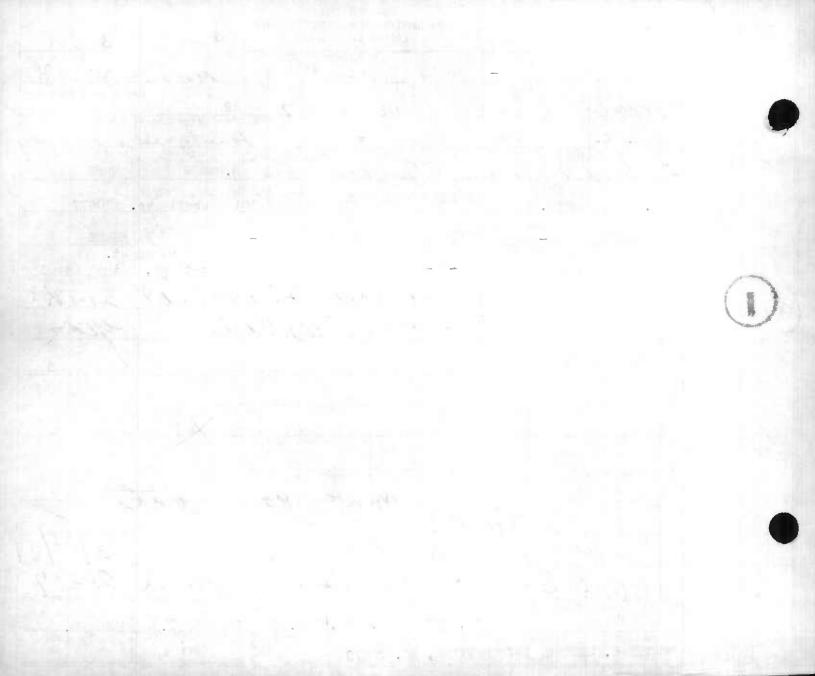
CREMATION

MURIEL H. BARBER LAYTONSVILLE, MD. 20879

MARCH 16,1987

BALT. WASH. CREMATORY LAUREL

23d LOCATION

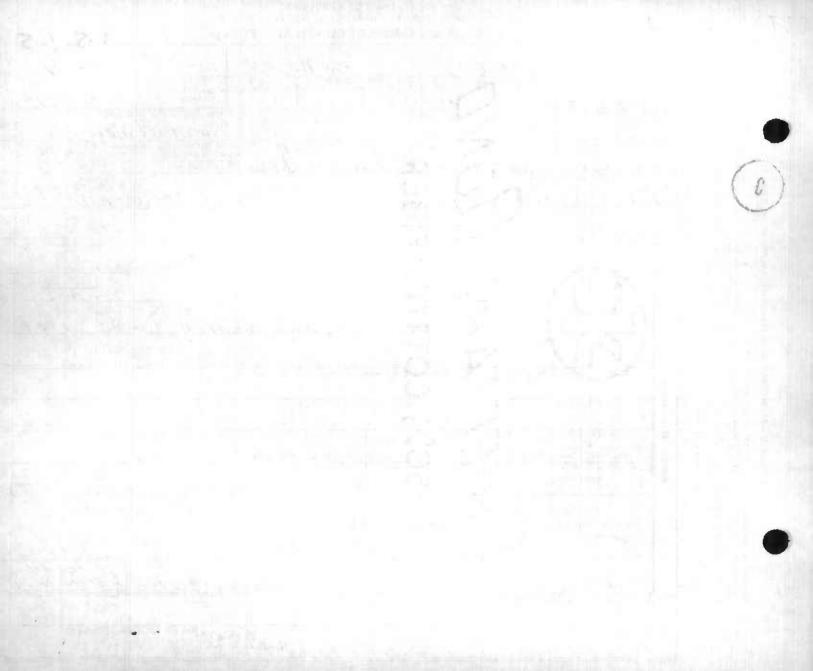


| 0.0 | | 505 | STATE OF MARYLAND | |
|-------------------------|---------------|--|--|---|
| 00 MAR- | 918 | FOR STATE | DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH | |
| | | REGISTRAR | | REG. NO. US 3 |
| poge 3 | (TYP | CEASED NAME FIRST | MIDDLY 20. DATE OF I | DEATH MONTH DAY YEAR 26 HOUR |
| 0 | 2 00 | Edith | HRNOIG M | akch 3 1981 8 P. |
| | 3. SE | · / | MONTH DAY YEAR | MRS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN. |
| 500 | 70 D | RTHPLACE (STATE OR FOREIGN | White 12-08-97 87 | YRS. |
| 7 /8/ | | COUNTRY) | MARRIED NEVER MARRIED | E CITY OR COUNTY OF DEATH |
| 100 | 10. C | TY OR TOWN OF DEATH | WIDOWED DIVORCED | CEUPATION 126. KIND OF BUSINESS OF |
| 0 | 15 | · luca Garage | (IENOT IN SUCH EACILITY, GIVE STREET ADDRESS) , (1795 OF WORK F | OR MOST OF WORKING LIFEL INDUSTRY |
| 1000 | USU | AL RESIDENCE (IF NURSING HOME | OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) | READER (RESPRENIEW + HERAL |
| 25/- | 13a | MAD. 13 COL | P T T T T T T T T T T T T T T T T T T T | DDRESS / ZIP CODE |
| | 14. F | THER'S NAME | 15 MOTHER'S MAIDEN NAME | Glenside DR, 2091 |
| No | 17 | OEBEN | MIDDLE TETULITED MARY | JOHNSON LAST |
| 150 | | VAS DECEASED EVER IN U.S. A | | ADDRESS |
| 11/ | | (IE YES, G | 220-34-8700 POIL H. ARNOLD / | SAME AS# 13 ABOVE |
| 7 | | 18 CAUSE OF DEATH (Enter of | only ane couse per line far (o), (b), and | APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH |
| 1 | | PART I. DEATH WAS CAUS | SED BY: ATE CAUSE (a) | 1 Pay |
| otic | Э. | | DUE TO, OR AS A CONSEQUENCE OF | |
| er troum | | Canditians, if any, which | (b) 15 ain ming | 3 Tlan |
| ather to | | gove rise to immediate cause (a), stating the | DUE TO, OR AS A CONSEQUENCE OF | |
| orat, | | underlying cause last. | lc) | |
| jury, | z | PART 2. OTHER SIGNIFICANT | CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE | OR CONDITION GIVEN IN PART 110 |
| - x | CERTIFICATION | 190. DATE OF OPERATION | 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOP | SY? 206. IF YES, WERE FINDINGS USED |
| 0 a 5 | IFIC | | | IN CERTIFYING CAUSES OF DEATH? |
| Hygien 18 show | CERT | 210. ACCIDENT WAS UNDERLYING | 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATU | |
| a E | | OR CONTRIBUTING CAUSE OF DE | EATH HOUR A.M. MONTH DAY YEAR | |
| | MEDICAL | 21d. INJURY OCCURRED | 21e. PLACE OF INJURY 21I LOCATION | |
| aith and M marked or | ¥ | WHILE NOT WHILE AT WORK | (AT HOME, STREET, EACTORY, OFFICE, FARM, ETC.) STREET | CITY OR TOWN COUNTY STATE |
| s mp | 100 | | pital) attended the deceased from 12 6 (VAT) 19 11, to | 4 19 2, that (1) the) la |
| of H 21 i | | sow the deceased alive a abave (1) (we) (did) | not view the body after death 19 , and that in (my) (our) apinian death accurred | an the date and hour and fram the couses stated |
| hem. | Н. | 226. SIGNATURE | DEGREE | 22c. DATE SIGNED |
| ote D | | 10 | ATTENDING MEDICAL PHYSICIAN DIRECTOR | STAFF Y Conf |
| RTANI | | 226 PHYSICIAN'S NAME TYPE | OR PRINTY 220. ADDRESS 1 | Ce 1 D |
| with the | | 1 | year les bank I revitative | 1 1 18 1990 Y |
| 5 ≤ | | URIAL, CREMATION, REMOVA | L 236. DATE 234 NAME OF CEMETERY OR CREMATORY 236. LOCATI | |
| _ | | BURIAL | MARCH 7. 1987 George Washington Cimitary all | LELPHI COUNTY MESTATE |
| 60M 7/84 | 24 FI | INERAL DIRECTOR | ADDRESS 250. DATE REG D. BY REC | GISTPAR 256. REGISTRAR'S SIGNATURE |
| 5, 4) | 70 | Roma Towners Home | Sahally 25/Causel State DC MARO 5 1 | B/ Gulia in in Profice |

CASSA PARAMETERS OF THE LAND AND THE PROPERTY OF THE PARAMETER AND THE PARAMETERS OF The Great Control of the State NORTH MARY JUNEON NE SEC STORY THE HORNEST CORNER AS THE ABOVE Continued the state and some some some states

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 20 DATE KNOWN (TYPE OR PRINT) OF ESTI-DEATH MATED 6. AGE (IN YEARS 3. SEX DATE LAST BIRTHDAY PRONOUNCED DEAD 65 YRS TO BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUN MARRIED NEVER MARRIED FOREIGN COUNTRY) IRAN USA WIDOWED DIVORCED MONTGOMERY IN CITY OR TOWN OF DEATH 120 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS 11 NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION OR INDUSTRY TOPIAL PRESIDENT COLLEGE HOUENTIS 30. STAT 136 COUNTY 13d. INSIDE CITY LIMITS? 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE LAST MIDDLE LAST FIRST FIRST MALEK BAHAR SUDABEH SAFDARI 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17. INFORMANT 19216 CIRCLE GATE DR 516-32-7317 DAWN BAHAR/SPOUSE/ NO GERMANTOWN, MD 20874 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY ED AS A BURIAL - TRANSIT PERM HEALTH AND MENTAL HYGIENE IL CREMATION, OR REMOVAL. ACU TO MYOCHEDIA IMMEDIATE CAUSE (a)-DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? E 3 SHOULD BE UDEPARTMENT OF PRIOR TO BUR YES NO E 210 EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 HOUR JA.M. MONTH DAY UNDERLYING TOR CONTRIBUTING CAUSE OF DEATH COLLAPSED 21d. INJURY OCCURRED 21¢ PLACE OF INJURY 21f LOCATION NOT WHILE AT WORK AT WORK STATIO 22a I certify that I took charge of the remains described above, held an Autopsy and in my apinion death resulted fram Holorol causes Hamicide Undetermined manner TITLE (SPECIFY EXAMINER'S NAME (TYPE OR PRINT) 230. BURIAL, CREMATION, REMOVAL 236. DATE 23d LOCATION COUNTY STATE CREMATION 3/17/87 LEE CREMATORY WASHINGTON DC 07/84 25M 24 FUNERAL DIRECTOR 250. DATE REC'D BY REGISTRAR 256 REGISTRAR'S SIGNATURE **DHMH** - 17 DEMAINE FUNERAL HOMES, INC ALEXANDRIA, VA (VR A15 ME (5))



Founds Concurring Concurring in top transfer the search is the search to Formula Country Countr ישר בי ביין וכנים הילון היות יותר ביצרות ומציות ופציות ופצי The state of the s Order William Company and Property Company Co. STO CHICAGO STATE OF THE STATE

STATE OF MARYLAND 048754 MAR CH DEPARTMENT OF HEALTH AND MENTAL HYGIENE MEDICAL EXAMINER'S CERTIFICATE OF DEATH L DECEASED NAME 20 DATE KNOWN IX MONTH (TYPE OR PRINT) OF ESTI-JANE BARGMANN Elizabeth 6 AGE (IN YEARS IF UNDER 1 YR 5 DATE OF BIRTH DATE LAST BIRTHDAY) PRONOUNCED 3-25-87 10 11:15A July 30, 1920 DEAD 66 YRS Female White TO BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED X NEVER MARRIED FOREIGN COUNTRY) American WIDOWED [Montgomery County Illinois DIVORCED IB CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION ITYPE OF WORK 1126 KIND OF BUSINESS (IF NOT IN SUCH FACILITY GIVE STPFET ADDRESS)
Suburban Hospital SRATTING Instructor Bethesda SUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 20657 13d INSIDE CITY LIMITS? Box 69E McReady Road 13g STATE 1136 COUNTY 13c. CITY OR TOWN Calvert Lusby Marvland 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE LAST Helen Scanlan Lee Robert 60. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT ADDRE297770 Ridge Rd. 366-18-5201 Louis H. Bargmann Damascus, Md. 18 CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c). APPROXIMATE INTERVAL Pulmonary thromboembolism complicating TO MENT STATEMENT OF THE PROPERTY OF THE PROPE Conditions, if any, which (b) multiple injuries gave rise to immediate cause (o) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. PART 2 DIFFER SIGNIFICAN) CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OF CONDITION GIVEN IN PART 1 (6) ICATE, WRITING THE WORD: PE FORWARDED TO THE CHIEF TOR: PAGE 3 SHOULD BE USED THE STATE DEPARTMENT OF HEA AND, 21201 PRIOR TO BURIAL, CA 19a, DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES K 210 EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART) OR PART 21 HOUR A.M. MONTH DAY YEAR UNDERLYING passenger of an auto/auto impact CONTRIBUTING CAUSE OF DEATH 10:45A 3-11-87 21e PLACE OF INJURY (AT HOME. EXECUTE THE CERTIFICATE, WRITIN PAGE 4 SHOULD BE FORWARDET TO FUNERAL DIRECTOR; PAGE 3 AFER DEATH, WITH THE STATE DE BALTIMORE, MARYLAND, 21201 P STREET FACTORY, FARM, ETC.) Rt. 355 and Ritchie Pkwy. Rockwille, Md. STATE WHILE AT WORK 228 I certify that I took charge of the remains described above, held on Inspection Accident X Suicide Homicide Undetermined monner Natural causes TITLE (SPECIFY) ACTUAL 3-26-87 Assistant SIGNATURE Margarita a. Korell, M.D. 111 Penn Street EXAMINER'S NAME (TYPE OR PRINT) 23a. BURIAL, CREMATION, REMOVAL 23b DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION Ft. Meyer. Virginia STATE Arlington National 3/30/87 Burial 07/84 BP 25M 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 1256 REGISTRAR'S SIGNATURE **DHMH - 17** (VR A15 ME (5)) Olin L. Molesworth, P.A., Damascus, Md.

AN ASSET OF THE STATE OF THE STATE OF president that the same Allen in Elizabeth and the strategic by the last of the first and the same of the same of

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR 20 DATE OF DEATH DECEASED NAME MONTH (TYPE OR PRINT) r death BARNET 4 RACE IF UNDER TYEAR 3. SEX & AGE (IN YEARS LAST BIRTHDAY) YEAR MONTH DAY male Caucasian 22 Aug 1902 70 BIRTHPLACE (STATE OR FOREIGN Th CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH NEVER MARRIED MARRIED -Virginia Montgomeru WIDOWED DIVORCED [O CITY OR TOWN OF DEATH NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12b. KIND OF BUSINESS OR Shady Grove Adventist Hospital TYPE OF WORK FOR MOST OF WORKING LIFE) Rockville. Construction Eng. Contee Inc. USUAL RESIDENCE (# NURSING HOME OR OTHER INSTITUTION 130. STATE 130. COUNTY Ma. GIVE RESIDENCE BEFORE ADMISSIONS 407 Russell Ave. #111 13d. INSIDE CITY LIMITS? Gaithers burg 20877 15. MOTHER'S MAIDEN NAME 14. FATHER'S NAME Blanton MIDDLE Ellie Barnett Hiphort Attorney ADDRESS7315 Wisc. Ave. #825W 17 INFORMANT IAN WAS DECEASED EVER IN U.S. ARMED FORCES? 66 SOCIAL SECURITY NO (IF YES, GIVE WAR OR DATES) Bethesda, Md. 231-26-0946 Lee F. Holdmann 20814 no APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and ich PART I. DEATH WAS CAUSED BY entricular archythmia min PRESTON ST. IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which wookemia gave rise to immediate cause (a), stating the OR AS A CONSEQUENCE OF underlying cause last. DIVISION OF VITAL RECORDS 190 DATE OF OPERATION 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO T 210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I ORPART 2) 00/ HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING T CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) PM 21d INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION CITY OR TOWN COUNTY STATE (AT HOME STREET, FACTORY OFFICE FARM ETC.) NOT WHILE 220.1 certify that (D(this haspital) attended the deceased fram. and that is (my) (aur) apinian death accurred an the date and haur and fram the causes stated 221-SIGNATURE 22c DATE SIGNED ATTENDING MEDICAL O FUNERAL PHYSICIAN DIRECTOR PHYSICIAN MPORTANT: 22e ADDRESS 224 PHYSICIAN'S NAME PRIME OF PRINT with the rookes live Gailhersbure 23a. BURIAL, CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY 23b. DATE Burial Brentwood Prince Georges Md. March 4.1987 Ft. Lincoln Cemetery BP. 24 FUNERAL DIRECTOR Francis J. Collins. Jr. DHMH - 16 50M 4/82 500 University Blvd. West. Silver Spring. Md. (VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

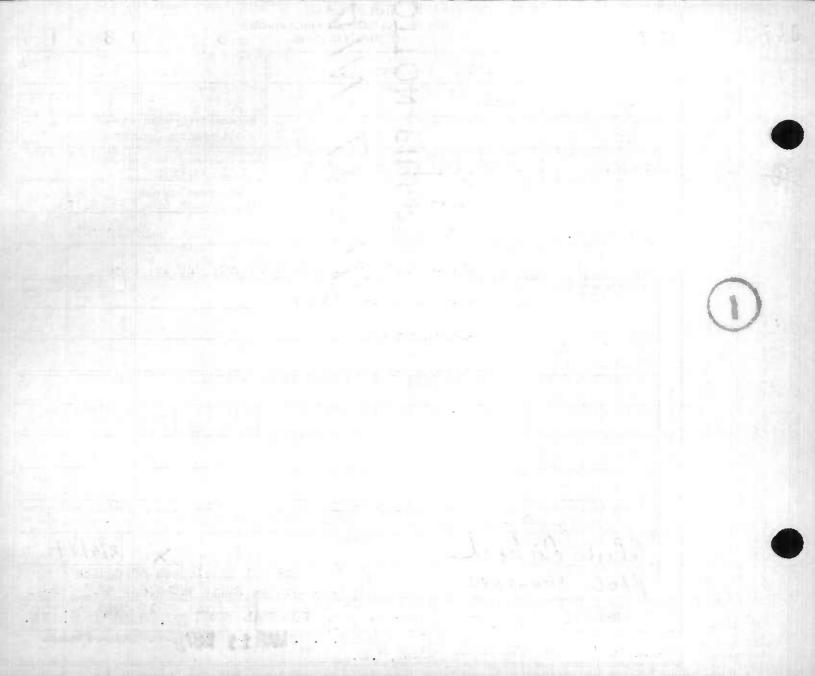
CERTIFICATE OF DEATH

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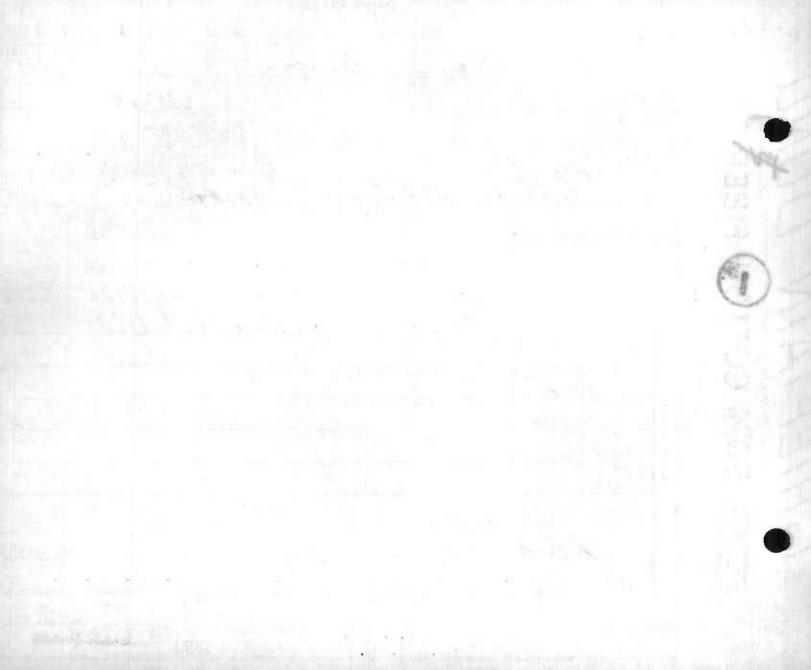
| | | EASED NAME | FIRST | N | NDDLE | Ł | AS1 | | 28 DATE OF DEATH MONTH DAY YEAR 26 HOUR | | | | | |
|----|----------|---|------------------|--------------------------|--|-------------|-------------------|--------------------|--|--|------------|---|------------------|--|
| | (TYPE | OR PRINT) | Rodney | Jur | nior Ba | | hart | | | March | 6, 1 | .987 | 10:50 A | |
| | 3. SE | (| | 4. RACE 5. | | | F BIRTH | | 6. AGE (IN YEARS | LAST BIRTHDAY) | IF UND | DER I YEAR | IF UNDER 24 HRS | |
| 2 | | Male | | White | White | | 10 ^{DAY} | 1956 | 30 | YRS | MON1H | S DAYS | HOURS MIN. | |
| 11 | | RTHPLACE (STA | TE OR FOREIGN | 76 CITIZEN OF V | VHAT COUNTRY? | May | | [V] | 9 BALTIMORE C | | | EATH | | |
| 4 | - | OHIO | 1 | USA | | WIDOWE | | NARRIED X | Montgo | mery Co | unty | 7 | MD. | |
| 6 | В | ethesda | / | NTH, Th | OSPITAL, NURSIN HEACILITY, GIVE STREET NE Clinic | al Ce | nter in | STITUTION | 120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY CARPENTER | | | | | |
| 3 | 130 5 | AL RESIDENCE IN TATE St Va. | F NURSING THE OR | OTHER INSTITUTION ITY | GIVE RESIDENCE BEFORE 13c. CITY OR TOW Sistersv | /N | 13d. INSIDE | CITY LIMITS? | Rt. 2, | | ODE | 26 | 1999 | |
| 10 |) FA | THER'S NAME | | MIDDLE | LAST | | IS. MOTHE | R'S MAIDEN NAM | ME | | | LASI | | |
| 0 | | GEÖRGI | E J. | BARNHART | | | DÖRTHA L | | | | | DALRYMPLE | | |
| 9 | 16a W | VAS DECEASED I | EVER IN U.S. AR | MED FORCES? | 166 SOCIAL SECL | JRITY NO. | 17 INFORA | AANT | | ADDRESS | | JAN Y | | |
| 2 | | ES NO OR UNKNOW | (4, 10, 0) | | rnhart, | father, | sam | ie | | | | | | |
| | | 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY | | | | | | | | | | APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH | | |
| | | Intra cerebral hemorrhage | | | | | | | | | | | | |
| | | 200-00 | | DUE TO, OR | AS A CONSEQUE | ENCE OF | | | | | | | | |
| | | Canditions, if | | (b) | Aplastic | anem | ia | | | | _ | | | |
| | | couse (a), | stoting the | DUE TO, OR | AS A CONSEQUE | ENCE OF | | | | | | | | |
| | | | | (c) | | | | | | | | | | |
| | Z | PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1101 | | | | | | | | | | | | |
| 0 | FICATION | 19a DATE OF OF | PERATION | 196 CONDI | ION FOR WHICH | OPERATIO | N WAS PER | ORMED | 200 AUTOPSY? 206. IF YES, WERE FINDINGS USED | | | | | |
| 4 | CERTIFIC | | | | | | | | YES NO NO YES NO NO | | | | | |
| 1 | CAL CE | OR CONTRIBUTING | CAUSE OF DEA | TH HOUR A.A | A. MONTH D | AY YEAR | ZIC. HOW | INJURY OCCURR | RED (ENTER NATURE | OF INJURY IN ITEM | 18 PART LO | PART 2 | | |
| | MEDI | 21d. INJURY OC | | 21e PLACE C | OF INJURY SET, FACTORY, OFFICE, F | FARM, ETC.) | 211 LOCAT | | CIT | IY OR TOWN | C | OUNTY | STATE | |
| | | 220.1 certify the | ot X (this hospi | tal) attended the | deceased from_ | Febru | ary 2 | 3 , 19 87 | | ch 6 | _, 19_8 | | that X (we) last | |
| | | saw the de | ceased alive an | March 6 | ofter death. | 37 on | d that in (n | (aur) apinion o | death occurred on | the date and h | nour and | from the c | auses stated | |
| - | 13 | IN SUSNATUR | | . / | 1 | Ī | DEGREE | | | | 2 | PE DATE | IGNED | |
| | | elu | W. C | Mac | | | | | MEDICAL DIRECTOR P | STAFF | | 3/6/ | ut | |
| | | PHYSICIAN | S NAME TTYPE O | HAQKE | D | | 22e ADDR | SS Nation | nal Inst | itutes | of H | lealt! | h | |
| | | 19 17 12 C | 7, 616 | | | | | | le Pike, | | da, | Md. | 20892 | |
| | 23a B | URIAL, CREMAT | OVAL | 3/6/8 | 37 RT | UTTEN | CUTT1 | CREMATORY FUNER | RAL HOM | E ST. | 2 2 MAR | np s | T. ∀A. | |
| 4 | | INERAL DIRECTO | | DDAY III | 421 | | I ST. | | ECD BY READ | The same of the sa | STRAPE | _ | Style St. | |
| | MA | ARSHALL'S FUNERAL HOME WASH, D.C. | | | | | | | | | | | | |

DHMH - 16 60M 7/B4 (VRA 15, 4)



DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH - REGISTRAR 4. DECEASED NAME STANLEY MONTH NHOL 20 DATE KNOWN (TYPE OR PRINT) OF ESTI-56 M GE (IN YEARS IF UNDER 1 YR. DATE OF BIRTH IF UNDER 24 HRS LAST BIRTHDAY PRONOUNCE Je TO BIRTHPLACE (STATE OR 9 BALTIMORE CITY OR COUNT MARRIED NEVER MARRIED FOREIGN COUNTRYS DIVORCED US A WIDOWED Japan II NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION Eckmoor .Lands caper Planning SUAL RESIDENCE 20904 130 STATE 13e STREET ADDRESS 13d INSIDE CITY LIMITS? 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE LAST FIRST EAST Haro1d Barton Amy Thomas 68 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17. INFORMANT ADDRESS 215-58-7580 Carolyn F. Barton-wife-(same as 13e) CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c), BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o). DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to 19a. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? 710 EXTERNAL CAUSE WAS 216. TIME OF INJURY 21¢ HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (ATHOME. 21L LOCATION STREET, FACTORY, FARM, ETC.1 STREET CITY OR TOWN COUNTY STATE WHILE AT WORK TO AT WORK PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PAGEER DEATH, WITH THE ST. BALTIMORE, MARYLAND, 2 220. I certify that I took charge of the remains described above, held an Inspection and in my apinion Natural causes death resulted from: Hamicide Undetermined manner TITLE (SPECIFY) ACTUAL SIGNATUR (TYPE OR PRINT) John S. Rogers, DME 1919 Seminary Rd. Sil. Spr. Md. 230 BURIAL, CREMATION, REMOVAL 236 DATE 23t. NAME OF CEMETERY OR CREMATORY 23d LOCATION Cremation 3-22-1987 Metropolitan Crematory Alexandria 07/84 Virginia 25M lines/Rinaldi Funeral Homes 11800 N.H. Ave. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE DHMH - 17 (VR A15 ME (5)) Sil. Spr. Md.

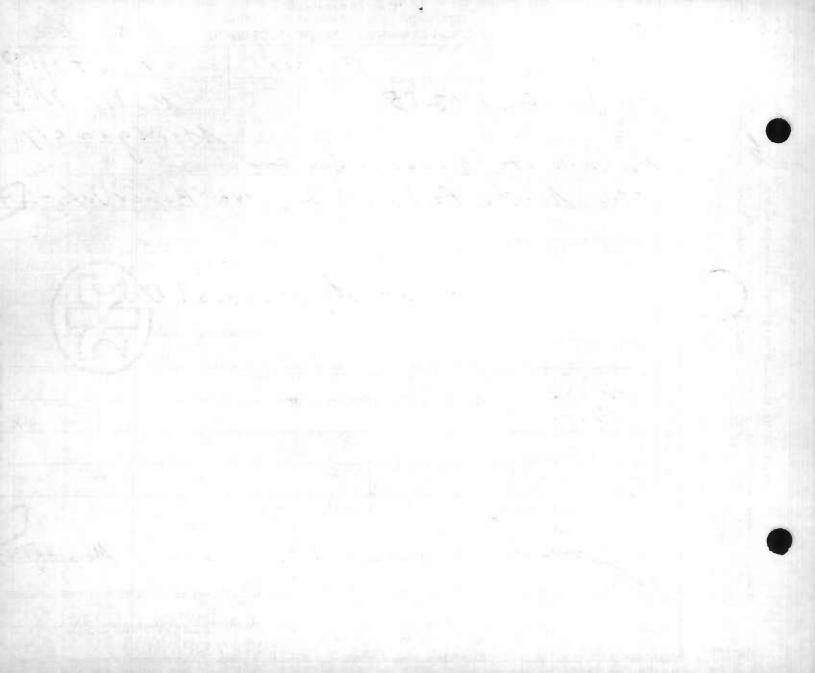
STATE OF MARYLAND



STATE OF MARYLAND 48083 MAR 21 DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 20 DATE OF DEATH MONIH Edward A . Beard 26 HOUR LIVPE OR PRINTS Edward 1. SEX & AGE IN YEARS LAST BIRTHDAY! 27, 1916 Male White April To BIRTHPLACE ISTATE OR FOREIGN Th CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED T NEVER MARRIED COUNTRY Maryland WIDOWED DIVORCED [ID CITY OR TOWN OF DEATH 1. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 126 LIND OF BUSINESS OR INDUSTRY OC Superior burbAn Hospita. USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13a. STATE 136 COUNTY 13c. CITY OR TOWN 13e STREET ADDRESS / ZIP CODE 13d INSIDE CITY LIMITS? Bethesda YES TO 4303 Torchlight Circle/20816 Montgomery NO [14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE LAST MIDDLE William Marguerite Prescott Beard In WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT HE YES GIVE WAR OR DATES! Richardson Beard, 5171 Macomb St, NW, Wash., DC No APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c), PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Conditions, if any, which gave rise to immediate cause (o), stating the underlying cause lost years. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART LIG TENLE 206 IF YES, WERE FINDINGS USED 2fln AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NOT YES [NO [210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 21d. INJURY OCCURRED 21e. PLACE OF INJURY 21f. LOCATION CITY OR TOWN COUNTY AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 220.1 certify that (1) (this mosphal) attended the deceased from Miss Je sow the deceased alive an March and that in (my) (suc) apinion death occurred an the date and have and from the causes stated abave, (1) (wd) (did) (d) ew the bady after death. 226.6 IGNATUR DEGREE 22c DATE SIGNED ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN FUNERAL MPORTANT: 22e ADDRESS should be with the 20814 0 23a BURIAL CREMATION, REMOVAL 236 DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION Alexandria, VA STATE Mt. Comfort Crematory Cremation 24 FUNERAL DIRECTOR Joseph Gawler's Sons, Inc. 250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE DHMH - 16 60M 7/84 Julia Devidern. Kar 30 Wisconsin Ave, NW, Washington, D.C. 20016 (VRA 15, 4)

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| | SILL | | | STATE OF MARYLAND | 4 |
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| 048 | 510 mg | 120 | FOR STÅTE | DEPARTMENT OF HEALTH AND MENTAL HYGIEN | |
| | O I G TIME | | REGISTRAR | MEDICAL EXAMINER'S CERTIFICATE OF DEA | TH REGINO. O 2 2 4 |
| | | | CEASED NAME FIRST | MIDDLE LAST | 24 DATE KNOWN MONTH DAY YEAR 26 HOUSE |
| | EL SES. SE | | 4/// | 13ecker | DEATH MATED BOY CLATIO FT DM |
| | ランニウボ | 3 SEX | 4 RACE | DATE OF BIRTH MONTH DAY YEAR 6 AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS. MONTHS DAYS HOURS AND | 20. DATE MONTH DAY YEAR 24 HOUR |
| | OUR NN S | | Emale 4 hite | MONTH DAY YEAR AST (SENDAY) MONTHS DAYS HOURS MIN. | PRONOUNCED DEAD 12 19 27/201 |
| -11- | SI X X X | | RTHPLACE (STATE OR | CITIZEN OF WHAT COUNTRY? | 9 BALTIMORE CITY OR COUNTY OF DEATH |
| | S NECESSARY, PLEASE HE FUNERAL DIRECTOR. ES FOR YOUR FILES. ED, WITHIN 72 HOURS AUM, PRESTON STREET, | | reign country) W York | U.S.A. WIDOWED XX DIVORCED | 11- 70-0-111 |
| | A SEE SEE SEE SEE SEE SEE SEE SEE SEE SE | | TY OR TOWN OF DEATH | | JAL OCCUPATION (TYPE OF JORK 126 KIND OF BUSINESS |
| Z | PESES (| | P. Fuille | LIF NOT IN SUCH FACULTY, GIVE STREET ADDRESS) FOR A | MOST OF WORKING LIFE) OR INDUSTRY |
| | AND 3 TO THE FL RETAIN PAGE 5 FOULD BE FILED. | USUZ | L RESIDENCE HE IN NURSING HOME | OTHER INSTITUTION GIVE RESIDENCE REFORE ADMISSION | omemaker Home |
| 201 | ANY DANY DE SETAIN | 13a. S | | 13 PITY OR TOWN , 13d INSIDE CITY LIMITS? 13e STRI | EET ADDRESS (20853) |
| .2 | A S S JAN | | 100 /11 | mor KOCKVILLE YES NO 14 | 39 Bruck UNX 1209 |
| 8 | E-SZEC | | THER'S NAME | MIDDLE LAST 15. MOTHER'S MAIDEN NAME | MIDDLE LAST |
| R. | ANGES ! | | El <u>i</u> | Goldsmith Ida | Lefkowitz |
| - W | N N S S A A | 16a \ | VAS DECEASED EVER IN U.S. AR. | | Rockville, Md. 20853 |
| BALTIMORE | 在製工商 | | NO | 060-52-3901 Samuel Rosenth | nal; Son-in-Law; 14120 Bauer Dr |
| | SE 3 0 | | 18 CAUSE OF DEATH (Enter on | ane cause per line far (a) (b), and (c).) | APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH |
| PRESTON ST | 35383 | | PART I DEATH WAS CAUSE IMMEDIA | X am to Muca | DIEA. BEIWERN ONSET AND DEATH |
| 0 | 2 B 3 E 5 | | BYOYIEDIA | (DUE TO, OR AS A CONSEQUENCE OF | |
| NE SE | E = 0 5 + 10 | | Canditians, if any, which | | |
| 3. | NAT | | gave rise to immediate cause (a) stating the under- | DUE TO, OR AS A CONSEQUENCE OF | |
| 201 | BAXXAX | | lying cause last. | | |
| | 25 4 2 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 | | PART 2 OTHER SIGNIFICANT CONDITIONS | TRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) | |
| RECORDS | WHAD WELL | z | 1 | THE PROPERTY OF THE PERMITTED TO THE TERMITTED TO THE TER | |
| SEC. | BUNKARO - | CERTIFICATION | 196. DATE OF OPERATION | 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? | In the second |
| 7 | A THE PARTY OF THE | 5 | 1/00 | 175. CONDITION TOR WHICH OPERATION WAS PERFORMED? | 2D AUTOPSY? |
| T. | 300 878 | E | 21a EXTERNAL CAUSE WAS | 216 TIME OF INJURY 216 HOW IN ILIRY OCCUPRED INVIEW | YES NO K |
| 9 | THICATE SO THE WCG THE WCG TO THE CHOULD BE HOULD BE ARTMEN IN COURT OF THE CHOULD BE THE CHOILD BE | | UNDERLYING OR | 216 TIME OF INJURY HOUR A.M. MONTH DAY YEAR | JATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) |
| DIVISION | NRITING TH ARDED TO GE 3 SHOUNTE DEPARTION VIE DEPARTION | MEDICAL | CONTRIBUTING _ CAUSE OF | | |
| N N | CERTINA DED DEP DEP T PRO | AE O | 21d. INJURY OCCURRED | 210 PLACE OF INJURY (ATHOME, STREET, FACTORY, FARM, ETC.) 211. LOCATION STREET | CITY OR TOWN COUNTY STATE |
| ۵ | T > 2 d d | - | AT WORK AT WORK | | |
| | 111 20 | 100 | 22s I certify that I taak chard | of the remains described above, held an Autopsy . Inspection | Inquiry . and in my apinian |
| | EXAMNER: CERTIFICATI OULD BE FOR DIRECTOR: (, WITH THE MARYLAND, | 150 | | | ermined manner . |
| | EXAMINE CERTIFICA JLD BE F. DIRECTO WITH TH WARYLAN | | 1 | TITLE (SPECIFY) | mined manner, |
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| | ZEX EX | .5 | SKINATURE | M.D. MED | ICAL EXAMINER SIGNED LAND 198 |
| | MEDICAL EXANGE OF THE CERT OF E A SHOULD OF THE CERT OF E A SHOULD OF THE DEATH, WITH THE DEATH OF THE DEATH O | | EXAMPLEES NAME (TYPE OF PRINT) | ohn S. Rogers, M.D. ADDRESS Silver | r Spring, Md. |
| | PAGE PAGE PAGE PAGE PAGE PAGE PAGE PAGE | 23a B | JRIAL, CREMATION, REMOVAL | | |
| | | (: | PECIFY) | | CATION COUNTY STATE |
| 07/84 25M | BP | | Burial | /27/87 New Montefiore Cemetery Pin | nelawn, L.I., New York REGISTRAR 256 REGISTRAR'S SIGNATURE |
| | DHMH - 17 | | NAME DANZAN | AI GOLDBERG MEMORIAL CHAPELS | D 4007 |
| | (VR A15 ME (5)) | $\Box 11$ | /U Rockville Pi | e; Rockville, Md. 20852 MAR 2 | 1 1981 Chan Deriden Pudan |



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE 1 D REGISTRAR CERTIFICATE OF DEATH REG. NO 20 DATE OF DEATH DECEASED NAME 2b HOUR TYPE OR PRINTI EVELYN 1:30p M (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR DAYS August 2, 1910 76 76 CITIZEN OF WHAT COUNTRY BALTIMORE CITY OR COUNTY OF DEATH TO BIRTHPLACE ISTATE OR FOREIGN MARRIED NEVER MARRIED Maruland U.S.A. Montgomery WIDOWED X DIVORCED CITY OR TOWN OF DEATH NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12b. KIND OF BUSINESS OR IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) INDUSTRY Fairland Nursing Home Registered Nurse Silver Spring nursina USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 3109 Medway Street Montgomery Wheaton 20902 Maryland 15. MOTHER'S MAIDEN NAME VanRuswick Raleu Joseph Mary A. Mr. WAS DECEASED EVER IN U.S. ARMED FORCES? 18b SOCIAL SECURITY NO 17: INFORMANT CTES, NO OR LINENGWISE LIFTED, GIVE WAS DEDINIED. 217-32-0913 William L. Beckley, Jr. son same as #13 no II. CAUSE OF DEATH (Enter only one course per ling PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE Conditions, if ony, which gave rise to immediate course to stating the DUE TO, OR AS A CONSEQUENCE OF underlying course TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART To PART 2. OTHER SIGNIFICANT CONDINGNS CERTIFICATION 28e AUTOPSY? 28b. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION HIL CONDITION FOR WHICH OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? YES T NO IT 21c HOW INJURY OCCURRED 21a. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY ENTER NATURE OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 19 211 LOCATION 214 INJURY OCCURRED 21e PLACE OF INJURY CITY OR TOWN COUNTY AT HOME STREET FACTORY, OFFICE FARM, ETC.) STREET WHILE NOT WHILE AT WORK 22s.1 certify that (1) (this hospital) attended the decer and that in (my) joint apinion death accurred on the date and hour and from the causes stated saw the deceased alive an above, (1) (weekidid) (did no 1) DEGREE ATTENDING MEDICAL PHYSICIAN D DIRECTOR PHYSICIAN SICIAN'S NAME 234. NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, REMOVAL (SPECIFY) Mar. 21, 1987 | Gate of Heaven Cemetery Silver Spring Montgomery Md. Burial

MAKZO

Francis J. Collins, Jr.

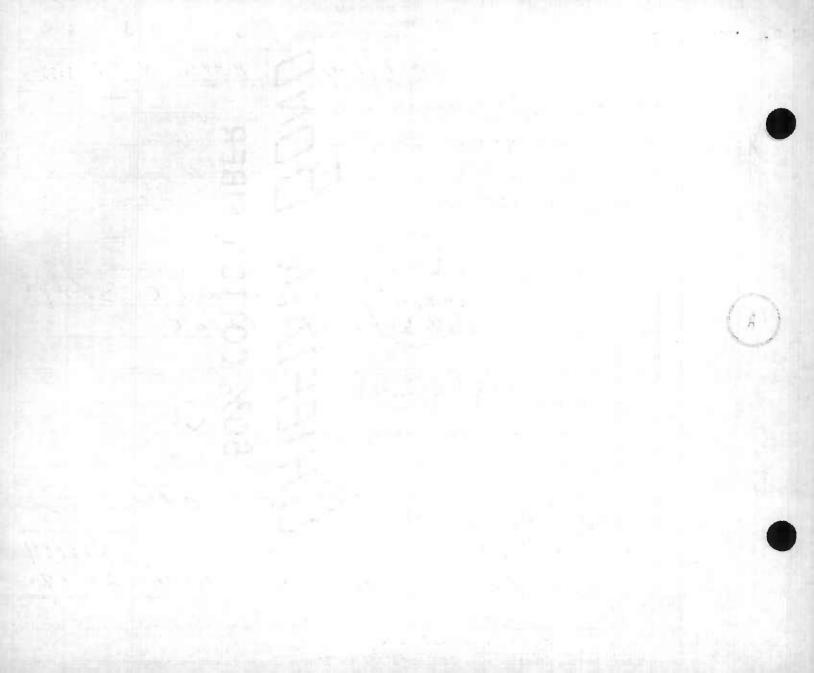
University Blvd. West. Silver Spring.

DHMH - 16 60M 7/B4 (VRA 15, 4)

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| | 1. | FOR STATE REGISTRAR | | DEPART | | EALTH AND MENTAL HYGI | 8 / | 0 8 | 5 2 | 4 | | | | |
|--|---------------|---|--|--------------------------------|-----------------|---|--|--------------------------------|---------------------------|-------------|--|--|--|--|
| 27 100 0 | 1 DE | CEASED NAME FIRST | 17 | MIDDLE | 7 | AST | REG. N 20. DATE OF DEATH | O. MONTH DAY | YEAR 2b | HOUR | | | | |
| deoth deoth | HAPE | ORPRING Babes | Bocx | -" | lee s | er | Marci | 317,1 | 987 8 | 18 | | | | |
| 2 4 | 3 SE | | RACE (| / / | S. DATE C | | 6. AGE (IN YEARS LAST BIR | THDAY) IF L | | INDER Z4 HR | | | | |
| ge 4 r | | Male | W | hite | MONTH | L. 17, 1987 | | YRS. | THS DAYS HO | URS MI | | | | |
| P P P P P P P P P P P P P P P P P P P | | RTHPLACE (STATE OR FOREIGN 7 | L CITIZEN OF | WHAT COUNTRY? | 8. | NEVER MARRIED | 9. BALTIMORE CITY C | R COUNTY OF | DEATH | | | | | |
| Jun 72 him 72 do og |) | CUN | Cly | SA | WIDOWE | D DIVORCED | | omery | | | | | | |
| by the fulfilled with | 100 | Liver Spein | | HOSPITAL, NURSIN | | Spital | ITYPE OF WORK FOR MOST ON NONE | OF WORKING LIFE) | None | ISINESS | | | | |
| filled in Sand be | | | omery | GIVE RESIDENCE BEFOR Laurel | | | 13. STREET ADDRESS 231 Patux | zip code ent Roa | d 20707 | | | | | |
| September 1 | 14. FA | ATHER'S NAME FIRST Unkn | own | LAST | | 15 MOTHER'S MAIDEN NAM | MIDDLE | Bee | zer | | | | | |
| ond co | | VAS DECEASED EVER IN U.S. ARM YES, NO OR UNKNOWN) (IF YES, GIVE | VAR OR DATES) | 166. SOCIAL SEC | | 17. INFORMANT | | mother) same as 13e | | | | | | |
| S. Por | | No | Deal card part (2-d-\$red) | None | | Connie Beezer | (mother) s | ame as 1 | . 3e | | | | | |
| requires that the signed by the please rate burial, creation, creation, and the please rate burial, creation, and the signer signer and the signer signer and the signer signer and the signer | NOI | | onditions <u>c</u> | | | TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 | | | | | | | | |
| n. nas bee permit. ne prior | CERTIFICATION | 190 DATE OF OPERATION | 195. COND | ITION FOR WHICH | N WAS PERFORMED | 20a AUTOPSY? | IN CERTIFYIN | ERE FINDINGS IG CAUSES OF I | DEATH? | | | | | |
| N. The landstran. | ERT | 210 ACCIDENT WAS UNDERLYING | 21b. TIME C | OF INJURY | | 21c. HOW INJURY OCCURR | VES MO YES NO YES NO | | | | | | | |
| CIAN physical physica | | OR CONTRIBUTING CAUSE OF DEAT | '' | .M. MONTH D | | | | | | | | | | |
| DING PHYSICIA or attending pl After this certif e as the bural-th or and Mental marked or Item | MEDICAL | 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK | VHILE NOT WHILE STREET, FACTORY, OFFICE, FARM, ETC.) | | | | | | CITY OR TOWN COUNTY STATE | | | | | |
| A Af | | 220.1 certify that (I) (this haspita | | | Marc | h 17 19 87 | Mar | ch 17, 19. | 87_, that | (l) (we) l | | | | |
| Spita Spita CTO I for of H | | sow the deceated alive on | Marci | ofter death, | 87 | ed that in (my) (our) opinion o | death occurred on the d | ate and hour or | nd from the cous | es stated | | | | |
| TAL OR A Ny the has RAL DIREC detached tote Dept. | | THE SIGNATURE (| N | nu | | DEGREE ATTENDING PHYSICIAN (X | MEDICAL STA | FF CIAN [| 3/17/8 | 7 | | | | |
| HOSPI | | Michael | | odman | | 14201 Laurel | Park Drive | #212 La | urel, Me | d. 20 | | | | |
| BP | | BURIAL, CREMATION, REMOVAL SPECBURIAL | 236. DATE 3/30/ | /87 G | ate of | emetery or crematory Heaven Cemete | 23d LOCATION CITY Silly | er Spring | Maryl | and" | | | | |
| DHMH - 16 60M 7/84 (VRA 15, 4) | 24 F | JNERAL DIRECTOR Tyson 1 1331 Ro ckville P | Wheele | r Funeral | Home | e, Inc. AP | R - 2 1987 | 1 1 | SSIGNATURE | daes | | | | |

STATE OF MARYLAND

and the same of th THE THE SHOP THE TANK THE 10 miles (1987) FRI TO FIRST PLANTS OF STORE CORP. The rest of the sector of the

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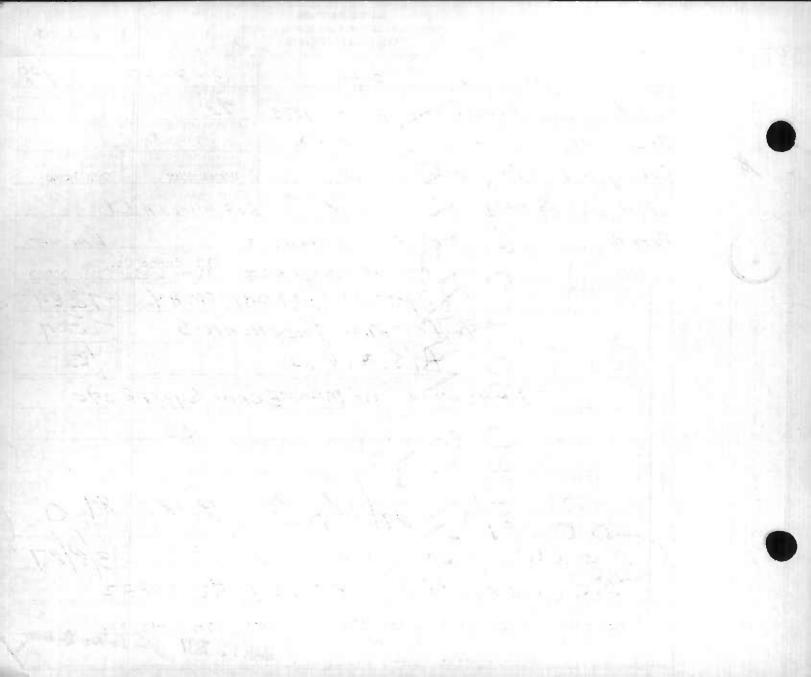
| 0171 | 22 111 | 51:- | FOR STATE | 214 | DEPARTA | NENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH | GIENE 3 / O | 8 3 | 2. 5 | | | | |
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| 0 4 1 1 | J Z 114 | 1 1 | REGISTRAR | | | CERTIFICATE OF DEATH | REG, NO. | | | | | | |
| | n -E | | CEASED NAME FIRST | | DDIE | LAST, | 26 DATE OF DEATH MONTH | DAY YEAR | 26 HOUR | | | | |
| po A | 0 0 | | Liala | Gho. | lizadeh | Behambary | 3 - | 6-87 | CO AM | | | | |
| e e | er p | 3. SE | | 4. RACE | _ \ | 5 DATE OF BIRTH MONTH DAY YEAR | 6. AGE (IN YEARS LAST BIRTHDAY) | MONTHS DAYS | IF UNDER 24 HRS | | | | |
| - 1 | 0.0 | | 7 Female | Irania | n \ | Oct. 29,1921 | 65 YRS | MONTHS DATS | HOURS MIN. | | | | |
| | 2 1871 | | RTHPLACE (STATE OR FOREIGN | 76 CITIZEN OF W | HAT COUNTRY? | MARRIED NEVER MARRIED | 9 BALTIMORE CITY OR COUNT | Y OF DEATH | | | | | |
| 1 | 2/ | | Iran | Iran | | WIDOWED TO DIVORCED | Montgomery | | MD. | | | | |
| 10 | 1/2/1 | 10. C | TY OR TOWN OF DEATH | 11 NAME OF HO | OSPITAL, NURSIN | G HOME OR OTHER INSTITUTION | 120 USUAL OCCUPATION | | F BUSINESS OR | | | | |
| 5 | 1 10 | Ber | hesda | Subu | rban Hos | cipal | Housewife | Own | Home | | | | |
| 212 Mount | 2 201 | USU, | AL RESIDENCE (IF NURSING III) COUNTAILE | | IVE RESIDENCE BEFORE | | 13e STREET ADDRESS / ZIP COD | | 2 2-201 | | | | |
| 24 25 | 120 | | pland P.G. | | | ollton YES X NO [| 7759 Riverdale | Road | 0184 | | | | |
| 2 | 10/ | 14. FA | THER'S NAME | V- | | 15. MOTHER'S MAIDEN NA | ME | | 1 | | | | |
| 1 1 | 12/106 | | | ambary | LAST | Zynab | Behambarv | LAS | | | | | |
| | 190 | | AS DECEASED EVER IN U.S. AR | MED FORCES? | 66 SOCIAL SECU | RITY NO. 17 INFORMANT | ADDRESS | | | | | | |
| WO | 37 | n | | E WAR OR DATES) | 214-08-4 | 559 Khorsrow Vis | si (son) same a | 0 # 72 | | | | | |
| ALT. | 1 . 1 | | 18 CAUSE OF DEATH (Enter an | | | | bi (boll) balle a | | MATE INTERVAL | | | | |
| in 65 | | | PART I. DEATH WAS CAUSE | D BY: | 111 | eshigatory La | luce | BEIWEEN | INSET AND DEATH | | | | |
| N S | 000 | 2 | 9 2 IMMEDIAT | E CAUSE (o) | | / // / | ATO C | | | | | | |
| w death w otherd | embys co motion, s r trouma | | Conditions If any blak | DUE TO, OR | AS A CONSEQUE | | | | | | | | |
| | | | Conditions, if any, which gave rise to immediate |) (b) | | | 1 | | | | | | |
| ¥ 1 | office of | | couse (a), stating the underlying couse last. | DUE TO, OR | AS A CONSEQUE | NCE OF | and had al | 11- | / 1 | | | | |
| 20 t | part o | | PART 2 OTHER SIGNIER AND C | ONDITIONS COM | | EATH BUT NOT DELATED TO THE TERM | UNIAL DISEASE OF CONDITION OF | (SALINI DADI) | 21 Val | | | | |
| SG) | 222 | Z O | PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO SEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 | | | | | | | | | | |
| 00 | Drie Drie | CERTIFICATION | 190 DATE OF OPERATION | 196 CONDIT | ION FOR WHICH | OPERATION WAS PERFORMED | 200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED | | | | | | |
| - Se lo | K See | FIC | | 1000 | | | IN CERTI | FYING CAUSES | OF DEATH? | | | | |
| DIVISION OF VITAL NG PHYSICIAN: The offending physicion | in Sur | ERT | 210 ACCIDENT WAS UNDERLYING | 21b. TIME OF | INJURY | 21c HOW INJURY OCCUR | RED (ENTER NATURE OF INJURY IN ITEM 18 | | 140 | | | | |
| Phy Phy | ol-tronsit wol Hygie em 18 % | | OR CONTRIBUTING CAUSE OF DEA | TH HOUR A.M | MONTH DA | Y YEAR | 12:0124114104207 100011 101124110 | | | | | | |
| YSK | Mental Hygor Item 18 5 | MEDICAL | (IF EITHER NOTIFY MEDICAL EXAMINER) | 21e PLACE O | | 19 211 LOCATION | | | | | | | |
| PH S PH | | ME | WHILE NOT WHILE | | T, FACTORY, OFFICE FA | | CITY OR TOWN | COUNTY | STATE | | | | |
| Nico i | use as the Health and is marked | | AT WORK | and a second second | 4 | 2-14 10 8 | 21. | A 7 | | | | | |
| Tal C | 2. 4 C 3 | | 220.1 certify that (1) (this hospit saw the deceased alive an | 7.1 | 10% | ~7 | death occurred on the date and ho | 07 | that (I) (we) last | | | | |
| A AITH | J | | abave, (1) (we) (did) (did nat 22b. SIGNATURE | 1) view the body a | ter death. | DEGREE | and the date and the | 22¢ DATE | | | | | |
| | | | 1 | · Ma | hal | ATTENDING | MEDICAL _ STAFF _ | 120 DATE | SIGNED | | | | |
| by t | be delle stote | | 22d. PHYSICIAN'S NAME/TTYPE OF | 11004 | | PHYSICIAN PHYSIC | DIRECTOR PHYSICIAN | | . / | | | | |
| HOSPITAL | The the | | HANP | MAH | 10 | 17121 | (OK sali A. | 1.1 | 4, / | | | | |
| O HOSI | should be de with the Stot | | 1/11/ | 197171 | 7 | 18C10 W | 12chilu Itu | DU. | 12, 4 | | | | |
| | | 23a. B | URIAL, CREMATION, REMOVAL | 23b. DATE | | AME OF CEMETERY OR CREMATORY | 23d LOCATION CITY OR TOWN | COUNTY | STATE | | | | |
| BP_ | | | Burial | Mar.10 | 1987 Wa | sh. National Cemete: | | | | | | | |
| DHMH - | 16 60M 7/B4 | | NERAL DIRECTOR | mr. K | La CADERESS | 25a. DAT | E REC'D. BY REGISTRAR 25% REGIS | LEGE & SICHAL | BELLAND | | | | |
| (VR | A 15, 4) | Del | ol Funeral Home | e (2222 ' | Wisc.Ave | ., NW Wash. D. C. M/ | 411 7 100. | | | | | | |

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| | | FOR STATE | DEPART | MENT OF HEALTH AND MENTAL HY | GIENE | 3 5 2 0 |
| 17191 | MAD | REGISTRAR | | CERTIFICATE OF DEATH | REG. NO. | |
| 4/10 | mais , | 1. DECEASED NAME FIRST | MIDDLE | LAST | 20. DATE OF DEATH MONTH D | PAY YEAR 26 HOUR 020 |
| ay be age 3 | | CAROLYA |) V. | BELL | 3-8-87 | AM |
| n. po | | 3 SEX | 4. RACE | 5. DATE OF BIRTH MONTH DAY YEAR | 6. AGE (IN YEARS LAST BIRTHDAY) | FUNDER LYEAR IF UNDER 24 HRS |
| ige 4 | | - | CAUCAISIAN | 11 5 1893 | 72 YRS | |
| Pod in Pod | 1/2 1 | 70. BIRTHPLACE (STATE OR FOREIGN | 76 CITIZEN OF WHAT COUNTRY | 8. MARRIED NEVER MARRIED | 9 BALTIMORE CITY OR COUNTY | OF DEATH |
| death death | (3) | St Louis, Mo. | USA | WIDOWED DIVORCED | mority (| Co, MD. |
| الم المالية | (3) / | 10 CITY OR TOWN OF DEATH | 11. NAME OF HOSPITAL, NURSI | NG HOME OR OTHER INSTITUTION | 120 USUAL OCCUPATION (| 126 KIND OF BUSINESS OR |
| 10 PM - 10 PM | 10 | Olney Md. | Brooke Gro | VENH. | Homemaker | Own home |
| MARYLAND 2120 MARYLAND 2120 Following Hilling in by | 1 | USUAL RESIDENCE (IF NURSING HOME OF 136 STATE 136 COUR | | | 13e.STREET ADDRESS / ZIP CODE | · Traxa |
| AND 24 | 00 | Md S. | SMONT S.S. | YES NO | 612 WINDWA | Ct, ×0702 |
| RYL. | 12-1 | 14 FATHER'S NAME | MIDDLE LAST | 15. MOTHER'S MAIDEN NA | | 1241 |
| MA S | 00 | FrANK | VALC | E Wilhemin | 2 | LMGE |
|) NE. | leo! | 16a WAS DECEASED EVER IN U.S. AR | RMED FORCES? 166 SOCIAL SEC | URITY NO. 17 INFORMANT | ADDRESS | 74 |
| IW | 1 1/ | NO | 577-07 | -27/2 Rosemary Sol | 612 Winona C ler silver Sprin | ng. Md. 20902 |
| BALTIMORE | 7 4 | 18 CAUSE OF DEATH (Enter or | nly one cause per line (or la), (b), a | ndic | 6 0 | APPROXIMATE INTERVAL |
| If the state of th | 11 | PART I. DEATH WAS CAUSE IMMEDIA | TE CAUSE (b) 6 P9 | restive CAFDIC | DHYOPATHY | TERM |
| NO # | a di | | DUE TO, OF WACONSEQU | ENGERGY P | 1116 | TON H |
| EST des ofter outside | dum our | Conditions, if ony, which | (1b) Y+ 4+0 | STANC I NEO | HONETS | 1 con |
| 4 4 | 1 1 | gove rise to immediate couse (a), stating the | DUE TO, OR AS A CONSEQU | JENCE OF O // | | 40 |
| W 10 | 0 0 | underlying couse lost. | (c) | 3,610 | | / F.S. |
| DIVISION OF VITAL RECORDS, 201 W. PRESTON ING PHYSICIAN: The loss requires that the death of other dina physician. Wifer this certificate has been righted by the other dina on the buriel-transit permit that properties as the buriel-transit permit that the control of the buriel-transit permit that the control of the buriel-transit permit that the buriel-transit permit t | a de | PART 2. OTHER SIGNIFICANT | CONDITIONS CONTRIBUTING TO | DEATH BUT NOT RELATED TO THE TER | MINAL DISEASE OR CONDITION GIVE | N IN PART 110 |
| ORO | 2 t | 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING | DEMENTIA | | | 2075 |
| REC. | 200 | Y 190 DATE OF OPERATION | 196 CONDITION FOR WHICH | HOPERATION WAS PERFORMED | | , WERE FINDINGS USED YING CAUSES OF DEATH? |
| TAL The Conn conn te ho | sh Sheng | R T II | | | YES NOW YES | |
| AN: Shysistical | Î œ | On COLUMNIC CALLER OF SE | | DAY YEAR | RED (ENTER NATURE OF INJURY IN ITEM 18 PA | RL LOR PART 2) |
| SICI Sici | Hem | (IF EITHER NOTIFY MEDICAL EXAMINES | R) P.M. | 19 | | |
| PHY PHY rend this | W Pu | WHILE NOT WHILE | 214 PLACE OF INJURY 141 HOME STREET FACTORY, OFFICE | II LOCATION STREET | CHY OR TOWN | COUNTY |
| NG ING | lth o | AT WORK AT MAN | 1 | 1/10 02 | 0/4 | 01 |
| O TO | Heal | 22a 1 certify that (1) (this hospi | ital) attended he deceased from | 196 | | 9 tho (I) (we) lost |
| ATTI | 1. of m 2] | obove (I) we (Id) did no | of view the Jody after Aoth. | | death occurred on the date and hour | and from the couses stated |
| OR Per | Dep If Ite | (War of | PA | DEGREE | MEDICAL STAFF | THE DAYE SIGNED |
| ITAL by the | | 1 enace | I feeter | PHYSICIAN | DIRECTOR PHYSICIAN | 15/8/8/ |
| 0 0 0 | 王 55 / | THE PHI SICIAN'S NAME (TYPE C | PRINT) | 22e ADDRESS | 1 H- 250- | |
| O HOS | with the State | 1 414, 2 | -EW/5 1-1- | CLIVE | Y, MD 2683 | 5 6 |
| | | 230 BURIAL, CREMATION, REMOVAL (SPECIFY) | | NAME OF CEMETERY OR CREMATORY | 23d LOCATION CITY OR TOWN | COUNTY STATE |
| BP | | Cremation | | tropolitan Cremato | | Va. |
| DHMH - 16 (| | 24 FUNERAL DIRECTOR IVES- | ADDRESS | | TE REC'D. BY RECUSE REGISTR | DESIGNAT REMARKS |
| (VPA 1 | 5 4) | Δ | rlington Va 222 | 2() I M | HIII A MI ITTE | |



| 046903 #49 | 10 03 | | STATE OF MARYLAND | | |
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| - C - C - C - C - C - C - C - C - C - C | FOR STATE REGISTRAR | DE | PARTMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH | GIENE / REG. NO. 0 | 3 5 2 7 |
| | 1. DECEASED NAME | FIRST MIDDLE | LAST | | AY YEAR 26 HOUR |
| page 3 | (TYPE OR PRINT) CH | RISTINA M | BENNETT | 3 5 | 87 625 AM |
| moy pog er de | 3. SEX | 4. RACE | 5. DATE OF BIRTH | | IF UNDER 1 YEAR IF UNDER 24 HRS. |
| ge 4 | Female | Caucasian | April 24, 1909 | 77 YRS. | ONTHS DAYS HOURS MIN. |
| P d d d | To. BIRTHPLACE (STATE OR FO | | ALABAMA PH AIEVED ALABBIEDA | 9. BALTIMORE CITY OR COUNTY | |
| Jeoth 72 | Pennsylvania | | WIDOWED DIVORCED |] Honegomery count | MD. |
| by the filled with | Rockville | SHADY GRO | ve Adventist Hospita | 120. USUAL OCCUPATION UNPE OF WORK FOR MOST OF WORKING LIFE Secretary | 12b KIND OF BUSINESS OR INDUSTRY Construction |
| MARYLAND 2120 Spt. M.E. ed within 24 hours mpletely filled in by nd 2 should be fill exequiner must be fill | Maryland | Montgomery 130 City Control of the Residence of County 130 City County | TE DEFORE ADMISSION) OR TOWN MAC 13d INSIDE CITY LIMITS? YES NO THE COMMENT OF THE COMME | 9801 Brookford B | Road/20854 |
| E | 14. FATHER'S NAME | MIDDLE | 15 MOTHER'S MAIDEN N | AME | LAST |
| | George | R. Benr | | | Alford |
| BALTIMORE, D. D. De | NO WAS DECEASED EVER I | HENES CHIE WAR OR CAREE | 10-4705 Hazel Benne | tt Same as #13 | 3 |
| | PART I. DEATH WA | (Enter only one couse per line AS CAUSED BY: | (b), and (c) home | my amen | APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH |
| PRESTON ST. Caubbe count con the count con | | DUE TO, OR AS A COM | USEQUENCE OF A CO | PAIZ ervien | |
| W. PRES | Conditions, if ony, gove rise to imm couse (a), stating underlying couse | ediate | ISEQUENCE OF DEST | Suchus att | 10 |
| | PART 2. OTHER SIGN | ((c) (10) | G TO DEATH BUT NOT RELATED TO THE TER | MINAL DISEASE OR CONDITION GIVE | EN IN PART 1(0) |
| by John low requires th | 198 DATE OF OPERAT | ON 196. CONDITION FOR | WHICH OPERATION WAS PERFORMED | 200 AUTOPSY? 20b. IF YES | WERE FINDINGS USED |
| | TIE | | | YES NOT YES | YING CAUSES OF DEATH |
| N OF VITA Based Cased SKCIAN: Th ng physici certificate uriol-transit tem 18 sh | OR CONTRIBUTION TO | AUSE OF DEATH HOUR A.M. MONT | TH DAY YEAR | RRED (ENTER NATURE OF INJURY IN ITEM 18 PA | RT I OR PART 2) |
| Released Released NG PHYSKIAN: The other ding physician there this certificate has the buriol-transit phand mental thygies the and mental thygies and certified the milk should maked or them 18 should have the milk should have the milk should the milk should have the milk should hav | (IF EITHER NOTIFY MEDIC 21d INJURY OCCURR WHILE NOT WHI | 21e PLACE OF INJURY (AT HOME STREET, FACTORY, | 211 LOCATION | CITY OR TOWN | COUNTY STATE |
| DINO or of After Se as softh a mark | AT WORK AT WOR | , | | 7. 2/6/ | 87 |
| R ATTENE hospital of RECTOR: sed for uss ppt. of Hec | saw the decease | this hospital) attended the deceased a plive on | 19 and the in (my) (our) opinio | n death occurred on the date and hour | 9 |
| the by the Popular I DIRE | 22b. SIGNATURE | ren-0, () | DEGREE ATTENDING PHYSICIAN | MEDICAL STAFF DIRECTOR PHYSICIAN | March 5, 1987 |
| TO HOSPITA before by the state of the state | 22d PHYSICIAN'S NA | ME (TYPE OR PRINT)). O. YHIA | NEY 20428 | hermantoni | n content |
| | 23a. BURIAL, CREMATION, F | EMOVAL 236. DATE 1987 | 236. NAME OF CEMETERY OR CREMATORY Highland Cemetery | Highland Towns | |
| BP | Burial | March 9, | | | |
| DHMH - 16 50M 4/B2 (VRA 15, 4) | Rockwille, Rockville, M. | Robert A. Pumphre nc. 300 West Mon aryland 20850 | regomery Avenue | ATE REC'D. BY REGISTRAR 256. REGISTR | RARS SIGNATURE |

(VRA 15, 4)

Devideon- Kandall

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 20. DATE KNOWN (LINE OR PRINT) OF ESTI-Helen Jacqueline Betras DEATH MATED D M 4. RACE DATE OF BIRTH AGE (IN YEARS IE UNDER I YR IF UNDER 24 HRS DATE PRONOUNCED 8 oti 4 W DEAD 15 76 CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED West Virginia U.S.A. DIVORCED 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION ITYPE OF WORK 1126 KIND OF BUSINESS 11929 Gainsborough Road OR INDUSTRY Home FOR MOST OF WORKING LIFE)
Homemaker Potomac SUAL RESIDENCE LIF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 13d INSIDE CITY LIMITS? 13c CITY OR TOWN 11929 Gainsborough Rd. 20854 Maryland Montgomery Potomac 4. FATHER'S NAME IS MOTHER'S MAIDEN NAME Noland Rosalia Decker Mary Samuel Gregory 16b. SOCIAL SECURITY NO. ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? NO OR UNKNOWN) LIE YES GIVE WAR OR DATES! 284-66-3227 Diann Gottron (daughter) same as 13e 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) APPROXIMATE INTERVAL 201 W. PRESTON ST. BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Carcinoma DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost DIVISION OF VITAL RECORDS. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 id CERTIFICATION 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES [] NO IX 210 EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED JENIER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 21 PRIOR TO HOUR A.M. MONTH DAY UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M 21e PLACE OF INJURY (AT HOME 211. LOCATION 21d INJURY OCCURRED STREET, FACTORY, FARM FTC 1 CITY OR TOWN STATE WHILE NOT WHILE AT WORK AT WORK PAGE 4 SHOULD BE FOR TO FUNERAL DIRECTOR: AFTER DEATH, WITH THE 22a I certify that I took charge of the remains described above, held on Autopsy death resulted from Homicide Undetermined monner ACTUAL SIGNATURE EXAMINER'S NAME WISCONSIN (TYPE OR PRINT 23a. BURIAL, CREMATION, REMOVAL 3/7/87 Burial STATE Calvary Cemetery Youngstown, Ohio 07/84 BP ²⁴ FUNERAL DIRECTOR Tyson Wheeler Euneral Home, Inc. 1331 Rockville Pike, Rockville, Md. 20852 25M DHMH - 17 (VR A15 ME (5))

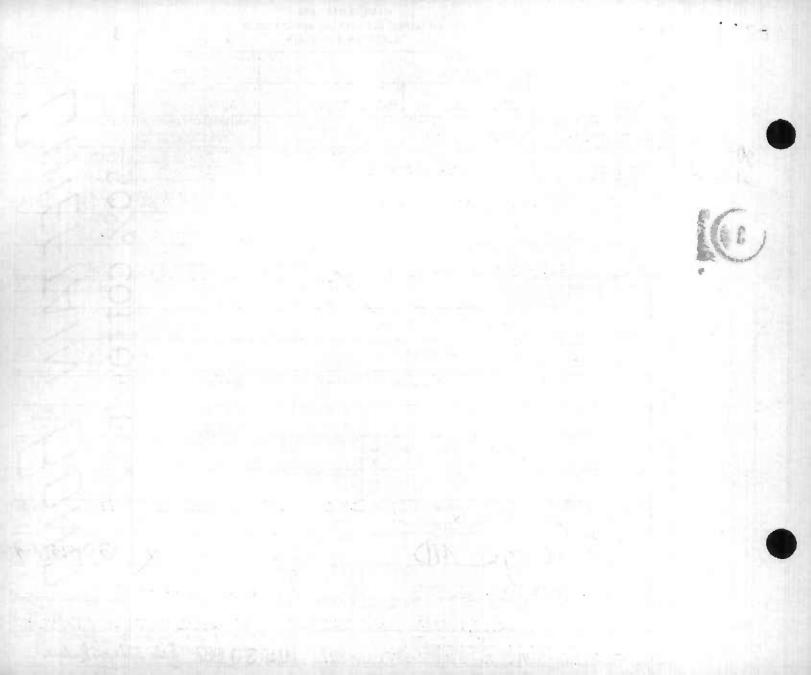
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SILVER SPRING, MD

Dandum

DHMH - 16 60M 7/B4 {VRA 15, 4}

500 UNIVERSITY BLVD. W.



| 04 | 89 | 82 10 | Ηź | FOR STATE REGISTRAR | | | DEPAR | MENT OF H | OF MARYLAND EALTH AND MENTAL ICATE OF DEATH | | 3 REG. NO | . 0 | 8 5 | 3 1 |
|---|---|-------------------------|-------------------|---|--------------------------------|-------------------------------------|---|-------------------------|---|-----------------|-------------------------|--------------------|------------------|--|
| | 9 e | de o | | EASED NAME OR PRINT) Ce | FIRST | | MIDDLE | BlA | CKER | 20. C | DATE OF DEATH | | 5- 87 | 26. HOUR A |
| | ge 4 mo) | s offer d | 3 SEX | EMALE | 4. | 4. RACE S. DATE OF BIR WHITE DECEMB | | | MBER 18, 190 | | GE (IN YEARS LAST BIRTI | | IF UNDER 1 YEAR | IF UNDER 24 HRS HOURS MIN, |
| | eoth. Pog | n 72 hou | 0 | RITHPLACE (STATE OR F OUNTRY) ASHINGTON, | | U. S. | WHAT COUNTRY | ? 8 MARRIE WIDOWE | NEVER MARRIED | | ONTGOMERY | COUNTY | | MD. |
| 3 | offer d | iled with | T | Y OR TOWN OF DEA | | WASHIN | | | HOSPITAL | 12a. (Typ: | USUAL OCCUPATION OF OF | ON WORKING LIFE | 126. KIND O | OF BUSINESS OR |
| AND 212 | 24 hour | onld be | USUA 130. S | L RESIDENCE (IF NURS TATE ARYLAND | 13b COUNT MONT | THER INSTITUTION Y GOMERY | GIVE RESIDENCE BEFO 13. CITY OR TO TAKOMA | PARK | 134 INSIDE CITY LIMITS | 1 | UST APPRESACE | ZIL COPE | ENUE 1 | 20912 |
| MARYL | red within | ond 2 st | | THER'S NAME FIRST | MI | DDLE | BRODSKI | | SONTA REST | NAME | WIDDLE | | NASCERT | TAINABLE) |
| TIMORE | be execut |) sicol | 16a V | AS DECEASED EVER ES NO OR UNKNOWN] | | ED FORCES? WAR OR DATES) | 579-34- | | JACK B. 1 | PEVEN | STEIN, AT | 10 CO ELPHI | MARY | ING ROAD LAND IMATE INTERVAL ONSET AND DEATH |
| DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 ING PHYSICIAN. The low requires that the death certificate be executed within 24 hour rattending physician. | raying by me over the please remove to buriol, cremotion, njury, or other troum | 7 NO | PART 2 OTHER SIGN | which nediate g the last | DUE TO, O (b) DUE TO, O (c) | R AS A CONSEQ R AS A CONSEQ | UENCE OF | NOT RELATED TO THE T | TERMINAL | disease or cont | DITION GIVE | EN IN PART 10 | 0 | |
| IL RECO | on. | shaws ony in | CERTIFICATION | 190 DATE OF OPERA | ION | 196 COND | ITION FOR WHIC | H OPERATIO | N WAS PERFORMED | | Da AUTOPSY? | IN CERTIFY | , WERE FINDIN | NGS USED OF DEATH? |
| N OF VITA | PHYSICIAN: T ending physici | entol Hy | MEDICAL CER | 210. ACCIDENT WAS UNE OR CONTRIBUTING (IF EITHER NOTIFY MEDII 214 INJURY OCCURE | AUSE OF DEATH | Ρ. | | DAY YEAR | 21c HOW INJURY OC | CCURRED (| ENTER NATURE OF INJUR | Y IN ITEM 18 PA | ART T OR PART 2) | |
| DIVISIO | NG PH | os the bu | ME | WHILE NOT WE AT WORK | RK | (AT HOME, ST | REET, FACTORY, OFFICE | | STREET | | CITY OR TOV | VN | COUNTY | STATE |
| | ATTENDI ospitol o | d for use | | 220 I certify that (I) saw the decease above, (I) (we) to | ed alive on_ | | 19_ | , 01 | , 19, 19, 19 | inion deoth | occurred on the do | | and from the | |
| | ITAL OR A | NT det | | 226. SIGNATURE | X | 1 | 9 | | ATTENDIN PHYSICIA 1220 ADDRESS | NG ME | DICAL STAF | F IAN [] | 3/ | 25/87 |
| | etoined by the | old b | | Shell | ey | LA | By, m | 0 | 1106 Sp | onin | St. | 51/4 | ~ Sp | ny hol |
| | BP_ | | E | URIAL, CREMATION, | / | | | | EMETERY OF CREMATO | 50 | ADELPHI, | _ GLUK | ICE COUNTY RGE'S | MARYLAND |
| | | 16 60M 7/84 A 15, 4) | 24 6 | ONALDOEMPR S 32 CARROLI | STEIN L STRE | HEBREW ET, N. | MEMORIA W., WAS | L FUNE HINGTO | V, D. C. | MAR 3 | D. 89 REGISTRAR | | RAR'S SIGNAT | URE |

HARBO EST file Ticker Preduce



DHMH - 16/60M 7/84 (VRA 15 4)

230 BURIAL CREMATION, REMOVAL

231 NAME OF CEMETERY OR CREMATORY Feb. 23, 1987 Harrisville Lutheran Cem. Toms Brook, Va.

STATE OF MARYLAND

26 HOUR

home

INDUSTRY

COUNTY

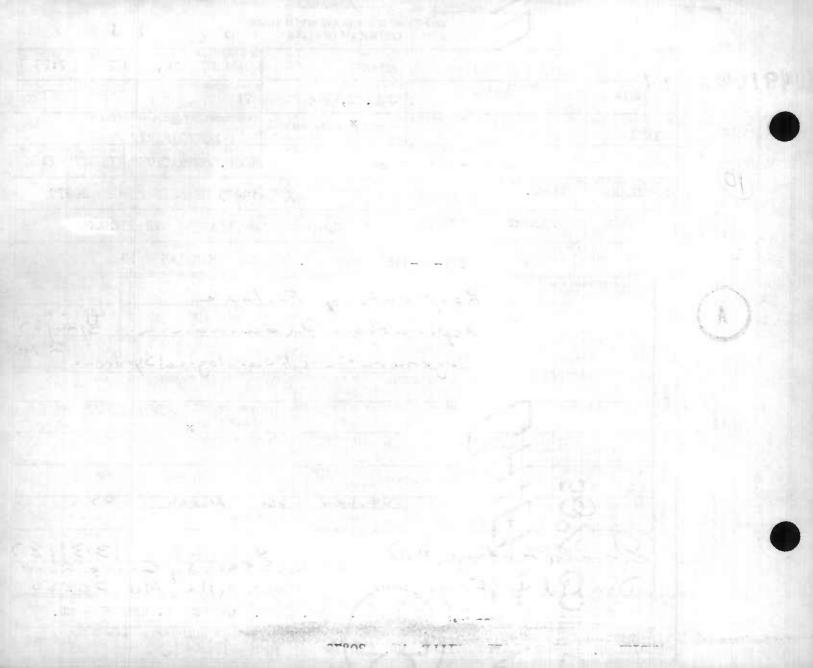
226 DATE SIGNED

STATE

Burial 24 FUNERAL DIRECTOR 250 DATE REC'D. BY REGISTRAN 25 PROGISTRAN SIGNAL The Hysong Co. 1300 N St. N.W. Wash. D. C.

2-15-15 P:15-15

| | 1- | FOR STATE REGISTRAR | | | DEPARTA | MENT OF H | EALTH AND MENTAL HY ICATE OF DEATH | GIENE | B REG. N | 0 | 8 5 | 3 4 | |
|--|---------------------------------------|---|--|--|--------------------------------------|------------------------|---------------------------------------|-------------------|---|----------------|-------------------|--------------------------------------|--|
| مَادَّم دُعالِي | | CEASED NAME ORPRINT) | WALTER | | LEON | BORE | OR | 20. DAT | CH | 30, | 1987 | 7:25 P | |
| octor. | 3. SE? | Male | 4 RACE Whit | | √hite 5 | | Jani. 12, 1916 YEAR | | (IN YEARS LAST B | IRTHDAY) YRS. | MONTHS DAYS | | |
| death. Po | Í | To BIRTHPLACE (STATE OR FOREIGN TO. COUNTRY) | | | WHAT COUNTRY? | NEVER MARRIED DIVORCED | | | OR COUNT OMERY | NTY OF DEATH | | | |
| to offer of the control of the contr | 10 CITY OR TOWN OF DEATH GAITHERSBURG | | | 19425 | Brassie | Place | R OTHER INSTITUTION | | H°CONTE | | | OF BUSINESS OR TRUCTION | |
| AND 212 | | RYLAND | THER INSTITUTION | RINSTITUTION, GIVE RESIDENCE BEFORE ADMISSION] 13d. INSIDE CITY LINETS? 13d. INSIDE CITY LINETS? 19425 ABRESSIE | | | | | | | PLACE 20879 | | |
| MARYLI ed within | 14. FA | ARTHUR | ALB | LLA MIDDLE | | GHTSMAN | | | | | | | |
| ALTIMORE, MARYLAND te be executed within 24 cion and completely fill ers. Pages 1 exal 2 should ithe medical (xomiteer mou | | VAS DECEASED EVER | | ED FORCES? WAR OR DATES) | 16b. SOCIAL SECU 577⊶09→ | | ANDRA C. BOI | RROR SAME AS # 13 | | | | | |
| | | 18 CAUSE OF DEAT PART I. DEATH W | H (Enter only (AS CAUSED IMMEDIATE | BY | Rospi | rat | ory Fa. | ilu | re | | APPRO BETWEEN | DXMATE INTERVAL N ONSET AND DEATH | |
| ubs, 201 W. PRESTON ST quires that the death cert signed by the hen please re to burial, cre- | z | Canditions, if any, which gave rise to immediate couse (a), stating the underlying couse lost. Due to, or as a consequence of the production of the couse (c) Descent of the terminal disease or condition given | | | | | | | | yndro- | 1 1980 | | |
| DIVISION OF VITAL RECORDS, 203 NG PHYSKCIAN: The low requires the offer this certificate has been signed by the burial-transit permit. Then plea to an Mental Hygiene prior to burial, and mental shows any injury, or any and any injury, or any injury, o | CERTIFICATION | 19a DATE OF OPERATION 19b | | | ITION FOR WHICH | OPERATIO | N WAS PERFORMED | | 206 AUTOPSY? 206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NOW YES NO NO | | | | |
| SICIAN: Tong physicia certificate inial-transmental Hygin them (18 shift) | | 216. ACCIDENT WAS UN OR CONTRIBUTING (IF EITHER, NOTIFY MEDI | CAUSE OF DEAT | | DF INJURY .M. MONTH DA .M. | AY YEAR | 21c HOW INJURY OCCU | RRED (EN | TER NATURE OF INJ | URY IN ITEM 18 | PART I OR PART 21 | | |
| UC PHYSIC offending fler this cer as the burion hand Meni | MEDICAL | 21d, INJURY OCCUR | | | OF INJURY REET, FACTORY, OFFICE F | ARM, ETC) | 211 LOCATION STREET | | CITY OR T | OWN | COUNTY | STATE | |
| R ATTENDIR haspital ar RECTOR Al Red for use of the often seed to | | 220.1 certify that (1) saw the decease obove, (1) (we) (0 22b. SIGNATURE | ed alive an_ | | 19 | | d that in (my) (our) opinion | | curred an the | | aur and fram th | e couses stated | |
| the Double H | | 22d. PHYSICIAN'S N. | AME (TYPE OR | PRINT) | Jem. | . (1) | ATTENDING | MEDINEC 2 5 | CAL STA | AFF ICIAN | 3/ | 31187 - Rbad | |
| TO HOSPITA retained by TO FUNERA should be di with the Stat | | URIAL, CREMATION, SPECIFY) CREMA | | 23b. DATE APRII | | MAME OF C BAI | Remetery or Crematory T. WASH. CRE | CK. 23d I | LAUREL LAUREL | P. G | ol. ⊃ c Eorge | MD. STATE | |
| DHMH - 16 50M 4/B2 (VRA 15, 4) | | URIEL H. E | ARBER | 1 | | MD. | 20879 Z50 DA | PR = | BY REGISTRA 1 1987 | R 256 REGIS | STRANSFIGNA | . Kandara | |



| 47092 HAR | | FOR SJATE REGISTRAR | | | DEPA | RTMENT OF I | E OF MARYL IEALTH AND ICATE OF I | MENTAL HYG | IENE 3 | REG. NO | 0 | 8 | 5 | 3 5 |
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| | I. DE | CEASED NAME | FIRST | | MIDDLE | | LAST | 200 | | F DEATH / | MONTH D | | | h HOUR |
| de de de | | | EMILY | | E | | WIE | | | ARCH | | | 987 | 8:50a M |
| mo fter o | 3. SE | Х | | 4. RACE | | S. DATE (| | YEAR | 6. AGE (IN) | EARS LAST BIRT | | IF UNDER I | | HOURS MIN |
| ge 4 | _ | Female | | white | | Oct | . 26 | 1912 | 74 | | YRS | | | |
| Pool di | | IRTHPLACE (STATE | OR FOREIGN | 76 CITIZEN OF | F WHAT COUNT | RY? 8 MARRIE | D NEVER | MARRIED - | 9. BALTIMO | RE CITY OF | COUNTY | OF DE A | TH | |
| deat deat | | ew Jersey | | | merica | WIDOW | D D | NORCED . | Mont | gometi eccupation | Cou | wtu | | MD. |
| 重 對 全人 | | ITY OR TOWN OF | DEATH | | F HOSPITAL, NUR | | OR OTHER INS | TITUTION | 120 USUAL | K FOR MOST OF | WORKING LIFE | INDU | STRY | BUSINESS OR Dept. 0 |
| in the second | | ockville | | Colli | ngswood | Nursin | a Cente | 27 | Super | visor | | Age | riou | Pturo |
| E of E | 13a. | AL RESIDENCE IFN | 13b. COUN | OTHER INSTITUTION | 13c. CITY OR T | FORE ADMISSION) | 1 134 INSIDE (| | | ADDRESS / | ZIP CODE | 7.19.1 | occio | 00000 |
| | Ma | ryland | Monte | gomeru | Sil. Si | סור. | YES | NO 🗌 | | Flack | Stro | of | | 20906 |
| 1 2 See | 14. F | ATHER'S NAME FIRST | | MIDDLE | LAST | | 15. MOTHER | S MAIDEN NA | MÉ | MIDDLE | | | LAST | |
| p ld p | | William | - | Н. | Swank | | Anna | M. | | 2000 | | G | ill | |
| nd co | | WAS DECEASED EV | | MED FORCES? | 166 SOCIAL S | ECURITY NO. | 17. INFORMA | SO | n | ADDRES | 21 Ge | ldir | | a . |
| on and Pages | | No | | | 216 35 | 6221 | Will | liam A. | Bowie | POBOX | 443 | Olno | ZU-M | 1.20832 |
| T. The Person | | 18 CAUSE OF DE | ATH (Enter on | ly one couse pe | er line to (a), (b) | and (cs.) | | | , | | | 8ET | WEEN ON | ATE INTERVAL ISET AND DEATH |
| phy phy can be come on the come of the come on the come of the come on the come of the come on the com | | PART I. DE ATF | IMMEDIAT | E CAUSE (o)_ | Cardi | orupe | ratory | arre | t | | | | 5-11 | neisules |
| ding or r | | 100 | | DUE TO, | ORAS A CONSE | QUENCE OF | 20 | | , . | | | | | |
| deat ove fion | | Conditions, if o | | (b)_ | Menus | igeal | Carci | nomi | toses | | | | 27 | months. |
| that the | | gove rise to couse (o), sto underlying co | oting the use lost. | (c)_ | OR AS A CONSE | | ance | | | | | | 2- | pars |
| en signe Then p or to bur | NOI | PART 2 OTHER S | | | | | | | | | | | ART 116 | |
| he law an. has ber t permit ene pric | CERTIFICATION | 19a DATE OF OPE | RATION | 196 CONI | DITION FOR WH | ICH OPERATIO | N WAS PERFO | ORMED | YES [| NO ⊠ | 20b. IF YES, IN CERTIFY YES | YING CA | USES O | SS USED OF DEATH? |
| NG PHYSICIAN: The law requires that the death c ottending physician. Ifter this certificate has been signed by the attending st the burical-transit permit. Then please remove contribing mond Mental Hygiene prior to burial, cremation, are acked or them 18 shows any injury, or ather troumation. | | 210. ACCIDENT WAS OR CONTRIBUTING [(# EITHER NOTIFY N | CAUSE OF DEA | HOUR A | OF INJURY A.M. MONTH P.M. | DAY YEAR | 21c. HOW IN | NJURY OCCUR | RED (ENTERN | ATURE OF INJUR | Y IN 11EM 18 PA | RT I ORPA | ART 2) | |
| ding ding or the or the | MEDICAL | 214 INJURY OCC | | 21e. PLACE | E OF INJURY | | 211 LOCATI | | | CITY OR TOY | | COUN | 179 | STATE |
| G Pl ond ond ked | Z | WHILE NOT | WHILE | (AT HOME, S | STREET, FACTORY, OFF | CE, FARM, ETC) | STREE | 1 | | CHTORIOV | AIM | COUN | **** | SIAIE |
| Aft or a | | 22a I certify that | | taly ottended t | the deceased fro | m Mar | ch 6 | 19 87 | to | nuch | 7 | 19 8 | 7 th | ot (1) (we) lost |
| TEN TOR Of He | | sow the dece | eased alive an | Februi | ary 1 | | nd that in (my | (Lour) opinion | death occurre | ed on the do | te and hour | and fra | | |
| REC MEC Petr. Cept. | | THE SIGNATURE | -) (did no | t) view the bod | ly offer death. | | DEGREE | | | | | 224. | DATES | GNID |
| the Designation of the Designati | | In 1 | 1 | 2 2 | diele | n | | ATTENDING PHYSICIAN | MEDICAL | STAF | | | 3/2 | 182 |
| HOSPITAL med by ill FUNERAL uld be det in the Stote ORTANT: | | 224 PHYSICIAN'S | NAME (TYPE O | OR PRIIst) | / | | 22a ADDRES | | DIRECTOR | FHISIC | 710 | | 1 | 1-1 |
| O HOSPITAL CO HOSPITAL CO HOSPITAL CO FUNERAL With the Stort MAPORTANI CO HOSPITAL CO HOS | | Wule | es A | | odish, | MD | 2901 | Olue | y_ S | andy. | Spran | e Ro. | ad | Olmy, M. |
| E 5 E 0 2 Z | | BURIAL, CREMATIC | N, REMOVAL | | | 3c NAME OF | | | 23d LOC | ATION ORTOWN | , | COUNTY | | STATE |
| BP | | remation | | 3/8/8 | 5/ | metropo | litan | Cremato | | exand | | | | irginia |
| DHMH - 16 60M 7/84 | 24 F | UNERAL DIRECTOR | | 5 | 00 Unive | rsity | Blud. W | 250 DAT | E REC'D. BY I | REGISTRAR | 756 REGISTE | RAR'S SK | GNATU | RE |
| (VRA 15, 4) | LF | rancis J. | Colli | | ilver sp | | | | R121 | 987 | Adia D | andre | -4 | - Local |

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DHMH - 16 60M 7/B4 (VRA 15, 4)

DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 20 DATE OF DEATH DECEASED NAME TYPE OR PRINTS SOYER CORNELIA 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR DAYS HOURS BALTIMORE CITY OR COUNTY OF DEATH 460 176 KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY EDUCATION TEACHER 13e.STREET ADDRESS / ZIP CODE 20910 SECOND AVE MC CONNAUGHE 9207 SECOND AVE. SIWER SPRING PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO F YES T 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) CITY OR TOWN COUNTY STATE and that in (my) pinion death occurred on the date and hour and from the causes stated 221 DATE SIGNED PHYSICIAN POIRECTOR PHYSICIAN 500 Forst Glen Rd Silver Spring Md ITY OR TOWN CREMATION PGCD. CREMATORY 24 FUNERAL DIRECTOR

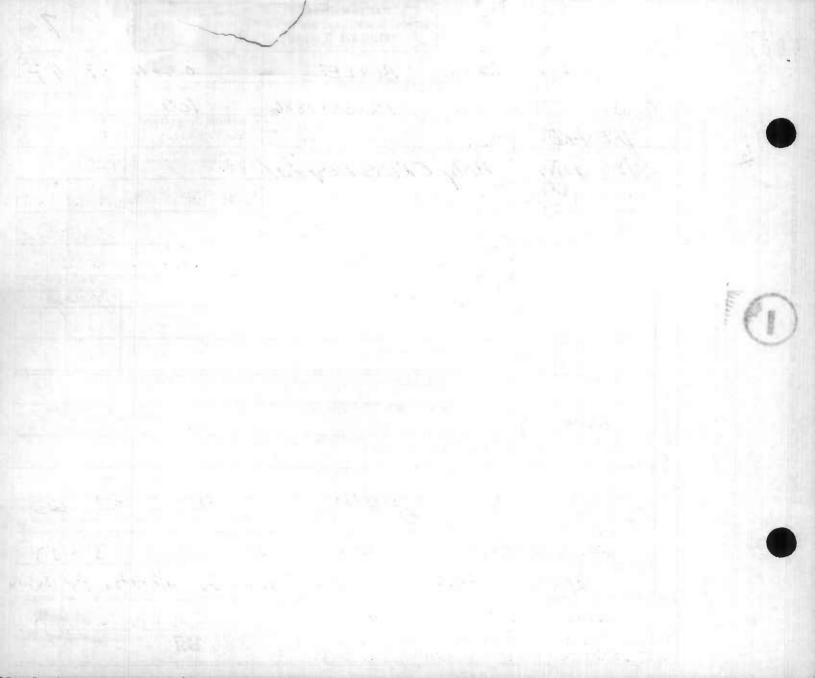
STATE OF MARYLAND

THE SHEWAY 9361835 Legiste Holly THE REPORT OF SECTION OF THE PRINTER PLANTS. Many later Control and the second of the sec acceptance of carp - Donas # 12 4 5 1 2 22 9 5 m The North Commence

4739 Baltimore Avenue Hyattsville, Md. 20781

(VRA 15, 4)

STATE OF MARYLAND



Void Death Certificate #87-08538



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| | 1 - | FOR STATE REGISTRAR | STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 CERTIFICATE OF DEATH REG. NO. | | | | | | | |
|----|---------------|--|--|---|---|--|------------------|--------------------|-------------------------------|--|
| 10 | | CEASED NAME FIRST OR PRINT! HELEN | | | ZAUM | 20 DATE OF DEATH | MONTH DAY | - 87 | 26 HOUR | |
| 13 | J SE | Female | | | | 6 AGE (IN YEARS LAST BIR | YRS | UNDER I YEAR | IF UNDER 24 HRS HOURS MIN. | |
| 0 | Mi | RTHPLACE ISTATE OR FOREIGN COUNTRY) NNESOTA ITY OR TOWN OF DEATH | U.S.A. MARRI WIDOW 1. NAME OF HOSPITAL, NURSING HOME | | 4-1 | 9 BALTIMORE CITY OR COUNTY OF DEATH Mont gome by 120 USUAL OCCUPATION 121 KIND OF BUSINESS C | | | | |
| 10 | USU/ | | (IF NOT IN SUCH FACILITY, GIVE STREET Sharon Nurs: | ing Ho | ome | Secretary | OF WORKING LIFE) | Unknow | | |
| 5 | M | THER'S NAME | gomery Silver S | ring | YES (X) NO [] | 14628 Clay | ide Lan | | 904 | |
| 0 | | Unkr | nown | JRITY NO. | 17 INFORMANT | Unknow | wn le Lane | 20904 | | |
| | | No | ly ane cause per line for (a), (b), an | 216-22-0181 Glenn Franck Silver Spring, Md. | | | | | | |
| | NO | Canditions, if any, which gave rise to immediate couse (a), stating the underlying cause last | DUE TO, OR AS A CONSEOU OUE TO, OR AS A CONSEOU OUE TO, OR AS A CONSEOU (c) CONDITIONS CONTRIBUTING TO | ENCE OF | | | DITION GIVEN | IN PART 110 | | |
| 9 | CERTIFICATION | 190 DATE OF OPERATION | 196 CONDITION FOR WHICH | OPERATIO | N WAS PERFORMED | 200 AUTOPSY? 20b IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO YES NO NO | | | | |
| 9 | MEDICAL CER | 210 ACCIDENT WAS UNDERLYING ON CONTRIBUTING CAUSE OF DEAL OF FEITHER NOTIFY MEDICAL EXAMINER CAUSE OF DEAL OF THE CONTRIBUTION | P.M. 21e PLACE OF INJURY | 19 | 211. HOW INJURY OCCURR | RED (ENTER NATURE OF INJUI | | OR PART 2) | STATE | |
| | × | | (AT HOME STREET FACTORY OFFICE.) | 0210 | | | | 07 | not (I) (we) last | |
| | | saw the decease drive on above. (1) (we) (find) (did no 22b SIGNATURE | MD 19 | | nd that in (my) (aur) apinian o DEGREE ATTENDING PHYSICIAN | MEDICAL STAIL | FF | 22c. DATES 3-6- | | |
| 1 | | 22d. PHYSICIAN'S NAME (TYPE O | E. HOWE | | 22e ADDRESS | | | | | |
| | 23a. B | BURIAL, CREMATION, REMOVAL SPECIFY) Removal | 23b DATE 23c 1 | | EMETERY OR CREMATORY | 23d LOCATION CITY OR TOWN | | COUNTY | STATE | |

²⁴ FUNERAL DIRECTOR Columbia Mortuary Services, Inc. ²²⁵ Missouri Ave., N.W. Washington, D.C.

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

The bear about the second seco THE R. P. LEWIS CO., LANSING, MICH.

March 6.1987 Ft. Lincoln Cemetery

Francis J. Collins, Jr.

500 University Blud, West, Silver Spring

- STATE

REGISTRAR . DECEASED NAME

24 FUNERAL DIRECTOR

DHMH - 16 60M 7/84

(VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

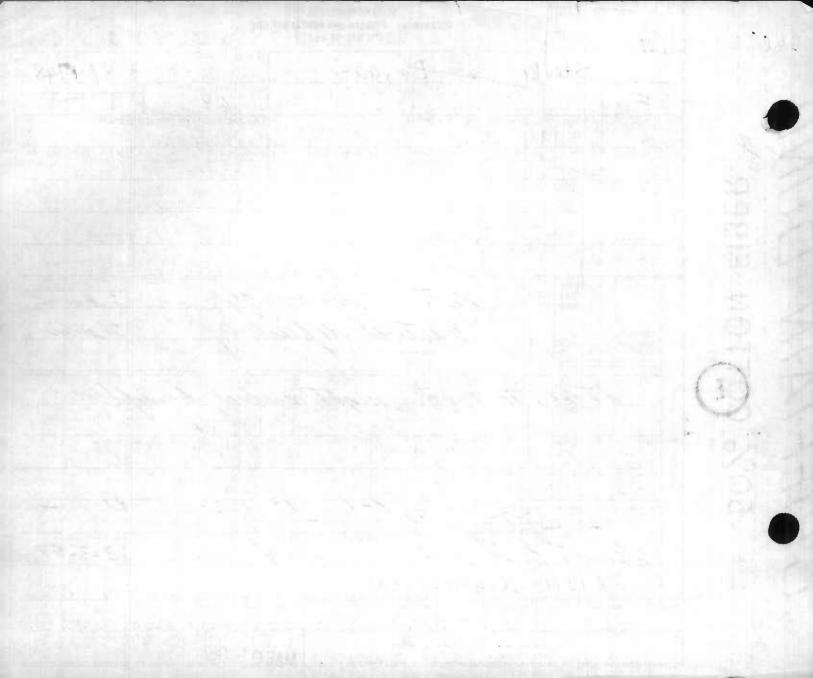
20. DATE OF DEATH

MONTH

STATE

Brentwood Prince Georges Md.

dea Dander



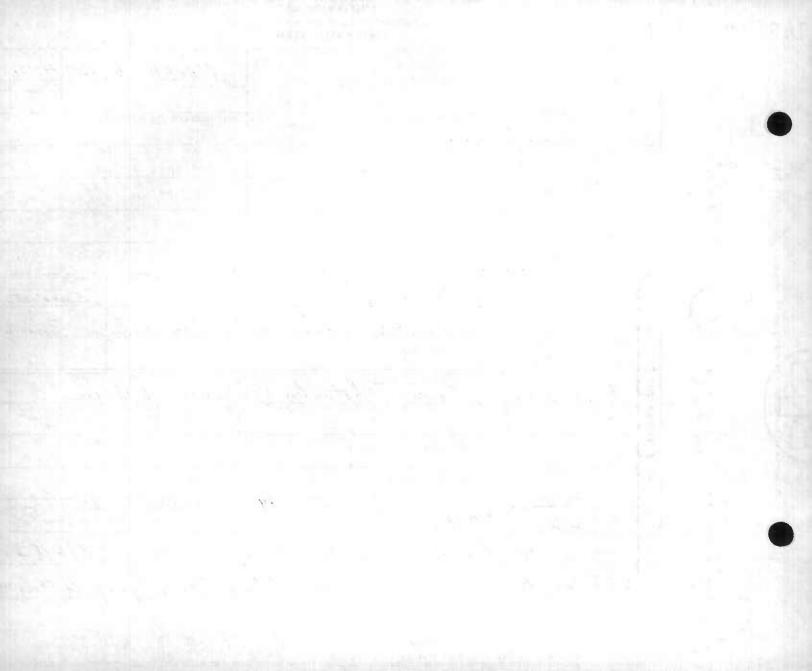
Transport of the said יין יינו אוונב בוני פונו לואינבטין Trygond it is E9 (87) E -AND SELECTION OF THE PARTY AND ADDRESS OF THE

DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR I IDECEASED NAME 20 DATE KNOWN CO MONTH (TYPE OR PRINT) OF ESTI-5 DATE OF BIRTH 6. AGE (IN YEARS IF UNDER 1 YR. (F UNDER 24 HRS DATE BIRTHDAY PRONOUNCED DEAD 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED WIDOWED & DIVORCED 120 USUAL OCCUPATION (TYPE OF WORK OR INDUSTRY T3d. INSIDE CITY LIMITS? 14 FATHER'S NAME OR LINKNOWN) (IF YES, GIVE WAR OR DATES) 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate cause (o) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. erroscheros ONOMOR PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to E 3 SHOULD E. E DEPARTMENT OF HEA 190. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES [] NO . 210 EXTERNAL CAUSE WAS 216. TIME OF INJURY 21¢ HOW INJURY OCCURRED JENTER NATURE OF INJURY IN ITEM TO PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME 211 LOCATION EXECUTE THE CERTIFICATE, WRITING PAGE 4 SHOULD BE FORWARDED FOR FOR THE STATE DE BALTIMORE, MARYLAND, 21201 PAGE BALTIMORE, MARYLAND, PAGE BALTIMORE, MARYLAND, 21201 PAGE BALTIMORE, MARYLAND, 21201 PAGE BALTIMORE, MARYLAND, 21201 PAGE BALTIMORE, MARYLAND, PAGE BALTIMO STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE AT WORK AT WORK 22a I certify that I took charge of the remains described above, held an Autopsy and in my apinian death resulted from: Hamicide Undetermined monner TITLE (SPECIFY EXAMINER'S NAME WIZEBOSEW (TYPE OR PRINT) 230 BURIAL, CREMATION, REMOVAL 236 DATE 23d LOCATION Burial 3-5-87 Brooke Grove Cem. Laytonsville, Montg MD 07/84 25M 24 FUNERAL DIRECTOR 246 N. Washington St. DHMH - 17 Rockville, MD 20850 (VR A15 ME (5)) George R. Snowden

STATE OF MARYLAND

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR FREG. NO LAST 1. DECEASED NAME (TYPE OR PRINT) poge 3 Francis Elmore Brown 3 SEX 4 RACE 5 DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER 24 HRS YEAR Male Caucasian July 21, 1925 70. BIRTHPLACE ISTATE OR FORFIGN 76. CITIZEN OF WHAT COUNTRY BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Montgomery Washington, D.C U.S.A. DIVORCED IX 12n USUAL OCCUPATION 12h KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY Rockville 4211 Aspen Hill Montgomery Custodian USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE AGMISSION) County 13e. STREET ADDRESS Rockville 4211 Aspen Hill Maryland Montgomery Road 15 MOTHER'S MAIDEN NAME 14 FATHER'S NAME LAST Eilleen Money Everett Brown 160 WAS DECEASED EVER IN U.S. ARMED FORCES 166 SOCIAL SECURITY NO 17 INFORMANT (YES, NO OR UNKNOWN) YES, GIVE WAR OR DATES) W.W.II. 578-22-6219 Mrs. Frances E. Oswalt Woodbridge. Yes APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT 18 CAUSE OF DEATH (Enter only one cause per line for 10), (b), and (c). PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate cause (a), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying cause lost PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION OF IN PART 10 CERTIFICATION emonare 196. CONDITION FOR WHICH OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? NOF YES 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH LIF EITHER, NOTIFY MEDICAL EXAMINER 21d INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY STATE 220.1 certify that (1) (this hospital) attended the deceased from sow the deceased alive an Frebruary 17 and that in (my) (or) opinion death occurred on the date and hour and from the causes stated above, (1) (wet (did tot) view the body offer death 775 SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN 224 HYSICIAN'S NAME ITYPE OF PRINTI 22e. ADDRESS 23c NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, REMOVAL Mar. 9, 1987 Triangle, Virginia Burial Ouantico National 250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE Mountcastle Funeral Home DHMH 16 60M 1/73 who Desidery-Randagli (VR A 15 (4)) 13318 Occoquan Rd. Woodbridge, VA 22191



page r

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REGISTRAR REG NO DECEASED NAME MIDDLE 20 DATE OF DEATH MONTH 7h HOUR)L(5A 23:0 4 RACE 5 DATE OF B 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS MONTH 1896 emale 12 M. BIRTHPLACE I STATE OR FOREIGN Th CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Illinois **IISA** Montgomery WIDOWED DIVORCED T Q CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12ª USUAL OCCUPATION 17h KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) TYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY Washington Adventist Hospital Homemaker Takoma Park own home USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)
13a STATE
13a CITY OR TOWN 134 INSIDE CITY LIMITS? 9326 Lynmont Drive 20783 Prince Georges Adelphi Mary land FATHER'S NAME 15. MOTHER'S MAIDEN NAME FIRST MIDDLE MIDDLE Tillie Fredrickson Crossley Maro WAS DECEASED EVER IN U.S. ARMED FORCES? 66 SOCIAL SECURITY NO 17 INFORMANT ADDRESS 292-10-7097D Joan Evans - daughter - (same as 13e) 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). monary IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Congertive Cardiae DUE TO, OR AS A CONSEQUENCE OF se ste lemia neumonia

PART I, DEATH WAS CAUSED BY Canditions, if any, which gave rise to immediate couse (a), stoting the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0 CERTIFICATION 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED 20a AUTOPSY

21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)

220.1 certify that (1) ANN AND HOLD attended the deceased from Mar. 12,

saw the deceased olive on Mar. 12, above, (1) (www.(did) (dia not) view the bady after death

21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR PM

AT HOME STREET, FACTORY, OFFICE, FARM, ETC !

21e PLACE OF INJURY

10 211 LOCATION STREET

77e. ADDRESS

CITY OF TOWN Mar.

216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2)

NO

and that in (my) (aur) opinion death occurred on the date and hour and from the causes stated

COUNTY

IN CERTIFYING CAUSES OF DEATH?

YES [

NOF

226. SIGNATURE

NOT WHILE

71d. INJURY OCCURRED

FOR

- STATE

TYPE OR PRINTS

COUNTRY

N/A

3 SEX

IU

Feb. 87

ATTENDING MEDICAL PHYSICIAN DIRECTOR

DIRECTOR PHYSICIAN

22c. DATE SIGNED Hyallsville

22d PHYSICIAN'S NAME (TYPE OF PRINT)

23a. BURIAL, CREMATION, REMOVAL

(SPEC Burial

3-17-1987

23c NAME OF CEMETERY OR CREMATORY
Lake Park Cemetery

DEGREE

Younghown

COUNTY

DHMH - 16 60M 7/84 (VRA 15, 4)

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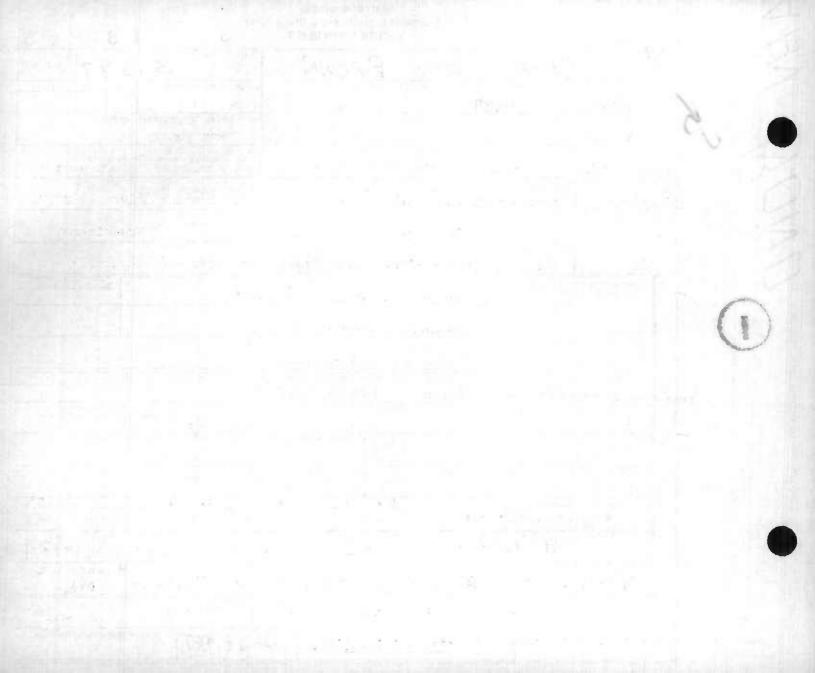
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Tines Adnaldi Funeral Home

11800 N.H. Ave. Silver Spring, Md.

250 DALE RECID. BY REGISTRAPIS GOLD TOPE COMMENTS.

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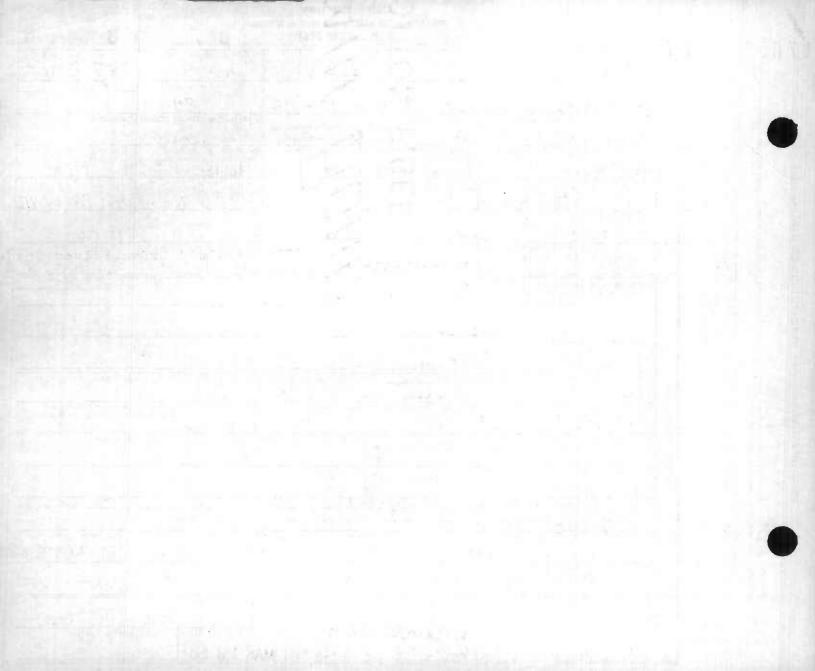
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| | | - | 1. | FOR STATE | | DEP | ARTMENT OF H | EALTH AND MENTAL | HYGIENE 3 | 7 | 0 8 | 3 10 | 4 1 |
| 0 4 9 | 1983 | APR | 08 | REGISTRAR | | | CERTIF | ICATE OF DEATH | Ö | REG. NO. | () (| 1 3 | |
| | | | | EASED NAME A FIRST | | MIDDLE | | AST // | 20 DATE O | F DEATH MO | INTY DAY | YEAR | 26 HOUR |
| | oy be oge 3 deoth | 2 | | ORPRINT) MAK | 14 | - / | SUNI | ve 11 | | 3 | 1291 | 17 | 1000 M |
| | fer p | | 3 SEX | -1.1. | 1 RACE | 11 | 5. DATE C | | 6 AGE (IN | YEARS LAST BIRTHDA | AY) IF U | THE DAYS | IF UNDER 24 HRS |
| | oge 4 | | 11 | PINALE | 140 | (15/h | M OCT | . 13, 189 | | 89 | YRS | | |
| | rh. Pr | 1 / Se | | RTHPLACE (STATE OR FOREIGN OUNTRY) | / | F WHAT COUN | MARRIE | NEVER MARRIED | 9. BALTIMO | ORE CITY OR | COUNTY OF | DEATH | |
| | deor | ZI | | KANSAS | | SA | WIDOWE | | | STGOME | | COUNT | |
| | fier the f | 297 | 10. CI | TY OR TOWN OF DEATH | | OF HOSPITAL, N | | OR OTHER INSTITUTION | | OCCUPATION | | 126 KIND OF | BUSINESS OR |
| 201 | by filed | F. 1 | Be | THESDA / | GROSVE | NOR HE | ALMI CAR | E CENTER | How | TEMAKE | R | 14 | OME |
| 021 | hour de | 12/1 | #30 S | L RESIDENCE (IF NURSING HOME | OR OTHER INSTITUTION | 13c. CITY OR | BEFORE ADMISSION | 13d. INSIDE CITY LIMITS | S? 13e.STREET | ADDRESS / ZI | IP CODE | 6 | KKKKS |
| A | 2 2 0 | 1 / | 8- | - | | WASHIN | Crow DC. | YES 🔼 NO 🗌 | 412 | ONEIDI | | NW! | 120016 |
| RYL | 192 | 200 | Y FA | THER'S NAME | WIDDLE | A IAS | 1 | 15. MOTHER'S MAIDEN | NAME | WIDDLE | | 1461 | |
| WA | T/SPM | 380// | | JOSEPH | _ | HAGEN | BUCH | PHOE | BE | MIDDLE | | HIL | LS |
| E. | 1000 | B | | AS DECEASED EVER IN U.S. | | | SECURITY NO. | 17 INFORMANT | | ADDRESS | OR RIN | | HEH. ST. NW. |
| WO | 1000 | 15 | 1, | ES, NO OF UNKNOWN] (IF YES, | NONE | No | NE | DANIEL ANDER | | ASHING | | D.C. | |
| ALT | Sic. | | | 18 CAUSE OF DEATH (Enter | | per/line for (a), (| bl. and icin | 111 0 | 1 1 0 | 1 | | | MATE INTERVAL |
| ⊠ | phy n po mov | vent | | 18 CAUSE OF DEATH (Enter | JSED BY: JATE CAUSE (a)_ | (Ine | mo- | VASCUI | VAR / | 4CCIQ | PMI | 20 | 8143 |
| N Z | ding orbo | tic e | | WWWED | _ | De com | Acres () | 1 | 0-11 | | ٩. | 11 | - |
| STO | rent rent | E | | Conditions, if any, which | DUE TO, | GRASA CONS | Wind I | anchis | cell | Mac | 5 | 20 | No |
| g. | he d | 1 10 | | gave rise to immediate cause (a), stating the | , ,,,, | | | | | | - | | |
| ` ≥ | by the | othe | | underlying cause lost. | DUE TO, | OR AS A CONS | SEQUENCE OF | | | | | | |
| 201 | es the | 0 | | PART 2 OTHER SIGNIFICAN | T CONDITIONS | CONTRIBUTING | S TO DEATH BUT | NOT BELATED TO THE 1 | TERMINIAL DISEAS | E OR CONDIT | ION CIVEN | (b) DADT Lie | |
| DS, | quir significant significant | ruju . | Z O | | ., | CONTINUEDINA | D TO DETTIN DOT | NOT KEENIED TO THE | TERMINAL DISEAS | DE OR COIVE | IOI4 GIVEI4 | IIN FAKT TIO | |
| Ö | w re | À T | CERTIFICATION | 190 DATE OF OPERATION | 196 CON | DITION FOR W | HICH OPERATIO | N WAS PERFORMED | 20a AUTO | OPSY? 2 | Ob. IF YES, W | ERE FINDIN | GS USED |
| 1 RE | hos per | 3 | IFIC | | | | | | YES 🗇 | NOW II | N CERTIFYIN YES | G CAUSES | OF DEATH? |
| DIVISION OF VITAL | ysicio ysicio cote onsit | 8 % | CER | 210. ACCIDENT WAS UNDERLYING | | OF INJURY | | 21c HOW INJURY OC | | ATURE OF INJURY IN | _ | I OR PART 2) | |
| 40 | phy phy pol-tri | E | | OR CONTRIBUTING CAUSE OF | DEATH | | DAY YEAR | 10000 | | | | | |
| N | ding ding s ce | 1 | MEDICAL | (IF EITHER NOTIFY MEDICAL EXAM) | | P.M. | 19 | 211 LOCATION | | | | | |
| /ISIC | the the | 9 | ME | WHILE NOT WHILE AT WORK | | STREET, FACTORY, O | FFICE, FARM, ETC } | vient. | | CITY OR TOWN | | COUNTY | STATE |
| 6 | Afte os | nou | | | | h | 1// | 17/16 | 1 | nto | 1 | | |
| | TEN Tol | 18 | | 22a.1 certify that (1) (this ha saw the deceased alive | on D | 12-81 | Rom I | d that in (my) (out) opis | nion death occurre | ed on the date | and hour on | | hat (I) (well last |
| - | ATI ospi ECT ed fo | E 5 | 19 | abave, (I) (week (did) (did | wiev-We bo | dy ofter death. | | | | o on the date | 0710 11007 011 | | |
| | he he toch | # | | 10/00 | 1/1/ | 220 | 1 | ATTENDIN | IG MEDICAL | STAFF | | 220 DATE | 914 |
| | by the | Ž- | 5 | THE SHY SICIAN'S NAME LEY | DE OD BOINTI | MA | | PHYSICIA | N DIRECTOR | PHYSICIAN | v | 1/1 | 1117 |
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| 011 | an | 0/13 | 230 B | URIAL, CREMATION, REMOV | | | | EMETERY OR CREMATO | CITY | OR TOWN | | OUNTY | STATE |
| 14 | BP | +7 | | NERAL DIRECTOR | APRIL | 4, 1987 | CHAMBE | S CREMATO | RY RIVE | RDALE, | PG Ce | . MA | RYCAND |
| 11 | DHMH - 16 60A | | | NAME | 10 00 | ADD | RESS | _ | APP O | 1007 | 1 1 20 | | DRE* |
| | (VRA 15, | 4) | W.Y | V. CHAMBERS CO | . INC. 86 | 55 GEORG | IA AVE S | was spende MD | ALL A | 190/ 4 | who who | produs . T | and or the |

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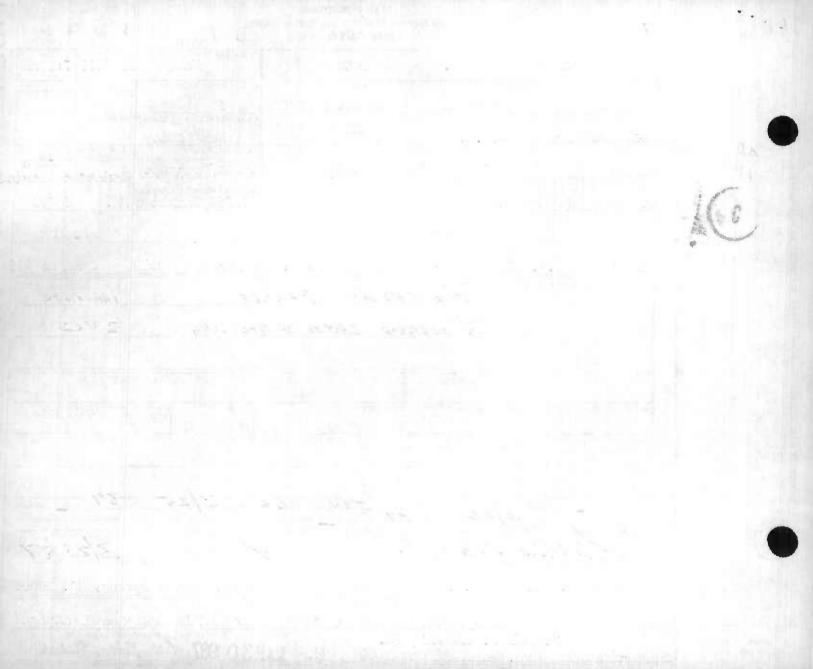
| 8 | | , | FOR STATE | DEPARTI | STATE OF MARYLAND MENT OF HEALTH AND MENTAL H | YGIENE | |
|-----------------------|--|----------------|--|---|--|--|--|
| 7050 | S HAR 13 | 7 | REGISTRAR | | CERTIFICATE OF DEATH | S REG. NO | 08546 |
| 4 6 | poge 3 | | CEASED NAME FIRST OR PRINT) Verdie | MIDDLE | By Hys | March S | 1987 3:4/ PM |
| 9 | rdor. po | 3 SE | Female. | Black | 5. DATE OF BIRTH MONTH DAY YEAR YEAR | 6. AGE (IN YEARS LAST BIRTHDAY | IF UNDER LYEAR IF UNDER 24 HRS |
| Oth Po | 149 | 7a. Bi | SEDYALA | 76. CITIZEN OF WHAT COUNTRY? | MARRIED NEVER MARRIED WIDOWED DIVORCED | 9. BALTIMORE CITY OR CO | DUNTY OF DEATH |
| B. 1 | Z | 10 CI | TY OR TOWN OF DEATH | 11. NAME OF HOSPITAL, NURSING (IF NOT IN SUGHER CILITY, GIVE STREET | G HOME OR OTHER INSTITUTION | 120 USUAL OCCUPATION (1YPE OF WORK FOR MOST OF WOR | 126 KIND OF BUSINESS OR |
| ND 2120 | American Company | USU/ 13a. S | AL RESIDENCE HE NURSING HOME OF | OTHER INSTITUTION GIVE RESIDENCE BEFOR | I 13d. INSIDE CITY LIMITS? | 1 | odland Dr. 2091D |
| AARYLA | Sind 2 | 14 FA | THER'S NAME POBERT | MIDDLE Branc | 15 MOTHER'S MAIDEN N | NAME MIDDLE | Burn's |
| IMORE, A | Pages 1 A | | AS DECEASED EVER IN U.S. AR | | PRITY NO. 17 INFORMAN 972 | ADDRESS | rive, Silver Spr |
| T., BALT | Physics of the papers | | PART I. DEATH WAS CAUSE | nly ane cause per line (ar ia), (b), an | dict.) | | APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH |
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| VISION C Profit | the book was a way of the book was a way was a | MEDICAL | 21d INJURY OCCURRED WHILE NOT WHILE AT WORK | 21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, I | 21f LOCATION | CITY OR TOWN | COUNTY STATE |
| TENDING Intol or 1 | Or over m or over m of Health | | 220.1 certify that (1) (this haspi | ital) attended the deceased from a 3/5 19 | 2/18/87 . 19 9 27 . and that in (my) (aur) apinio | n death accurred an the date a | nd haur and from the causes stated |
| L OB AT | 1 DREC Itached for Dept of If hem 2 | - 19 | 22b. SIGNATURE | the union | DEGREE | | 22c DATE SIGNED |
| HOSPITA | PUNERA Prins Stori | 178 | 22d PHYSICIAN'S NAME TYPE C | OR PRINT) | 22e ADDRESS | AMERON SA | SILUTE SOLE |
| 0.00 | 2413/ | 230 B | URIAL, CREMATION, REMOVAL | | NAME OF CEMETERY OR CREMATORY | | town |
| BF |) | 24 5 | BUYIAL | 3-11-87 | Kiokee | 5 | en Hill Ga. |
| | H - 16 60M 7/84 VRA 1S, 4) | N | 1. H. Bacon | 3447-14 | 15th St. N.W. 250.D | MAR 1 2 1987 | REGISTRAR'S SIGNATURE |



STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR 20 DATE OF DEATH DECEASED NAME (TYPE OR PRINT) LBERT 4. RACE & AGE (IN YEARS (AST BIRTHDAY) IF UNDER 24 HRS 3. SEX 5. DATE OF BIRTH IF UNDER 1 YEAR MONTH YEAR MALE HITE 02 84 16 BALTIMORE CITY OR COUNTY OF DEATH To. BIRTHPLACE ISTATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY MARRIED ANEVER MARRIED COUNTRY) MONTGOME R RUSSIA U.S.A. WIDOWED DIVORCED [O CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION TYPHARMACT STORKING LIFE INDUDRUGS HEBREW HOME OF GREATER WASHINGTON ROCKVILLE USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13e. STATE UPPER MARLBORO INSIDE CITY LIMITS? 13e.STREET ADDRESS / ZIP CODE MARYLAND 14112 SCHOOL LANE 20772 RINCL (STORGE 15. MOTHER'S MAIDEN NAME 4 FATHER'S NAME MIDDLE MOSKOWITZ MARGARET CAHN **JOSEPH** ADDRESHEVY CHASE, MD20815 BALTIMORE, 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT WILLIAM FINGLASS 8101 CONNECTICUT AVE. 720-32-7303 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c). PART I. DEATH WAS CAUSED BY ENCEPHALOPATH Y EPATIC IMMEDIATE CAUSE (o). DUE TO, OR AS A CONSEQUENCE OF . LIVER METASTATIC Conditions, if ony, which gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF ARCINOMA OF COLONE METASTASTASIS underlying couse lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 DIVISION OF VITAL RECORDS, 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [NO I 21a ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 19 21f. LOCATION 21d. INJURY OCCURRED 21e. PLACE OF INJURY CITY OF TOWN COUNTY STATE AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE WHILE 22a.1 certify tho (I) This hospital) attended the deceased from and that in (my) four spinion death occurred on the date and hour and from the causes stated obove, (1) (we) (did) (did not) view the body ofter de 22b. SIGNATOR DEGREE 22c DATE SIGNED ATTENDING MEDICAL STAFF 224 PHYSICIAN'S NAME (TYPE OF PRINT) 22e ADDRESS MONTROSE ALBIOL 23d LOCATION 230 BURIAL, CREMATION, REMOVAL 236 DATE 23c NAME OF CEMETERY OR CREMATORY (SPECIFY) BALTIMORE COUNTMARYLANDATE BNAI ISRAEL CEMETERY 3/12/87 BURIAL SOL LEVINSON & BROS., INC. 24 FUNERAL DIRECTOR 250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE DHMH - 16 60M 7/84 , where it is the (VRA 15, 4) 6010 REISTERSTOWN RD. BALTIMORE MARYLAND 2121

1 1 5 1 - 0 220 ERELL THE LINE SALE FOR THE STATE THE RESIDENCE OF THE PROPERTY. LIANT THREE DEATH OF THE MENT CANDER OF

STATE OF MARYLAND 0 4 8 7 3 2 HAR DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REGISTRAR REG. NO I DECEASED NAME 26. DATE OF DEATH 2b. HOUR Calcutt Norman M. March 1987 7:20am 4 RACE 6 AGE (IN YEARS LAST BIRTHDAY) 3. SEX 5. DATE OF BIRTH IF UNDER I YEAR IF UNDER 24 HRS male October 19,1927 Caucasian To BIRTHPLACE ISTATE OR FOREIGN Th CITIZEN OF WHAT COUNTRY **BALTIMORE CITY OR COUNTY OF DEATH** MARRIED KNEVER MARRIED South Carolina WIDOWED Montgomery NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 126 KIND OF BUSINESS OR Owner/Operator Wheaton 13304 Dauphine Street UAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION 136 COUNTY 13e STREET ADDRESS / ZIP CODE Montgomery Wheaton 13304 Dauphine St. Maryland 20906 15 MOTHER'S MAIDEN NAME Poston Calcutt Douglas ADDRESS WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT W.W. II 250-38-7191 Delores E. Calcutt wife ues same as APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one couse per perform), (b), and icu. umodiate IMMEDIATE CAUSE (o) CANCER OF THE LUNG Conditions, if ony, which gove rise to immediate couse (a), stating DUE TO, OR AS A CONSEQUENCE OF underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? 210 ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF FITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 21s. PLACE OF INJURY 211 LOCATION CITY OR TOWN COUNTY STATE AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 22a.1 certify that (1) (this hospital) attended the deceased from saw the deceased alive on and that in (my) (our) opinion death accurred on the date and hour and from the causes stated 22c. DATE SIGNED PHYSICIAN DIRECTOR PHYSICIAN FUNERAL MPORTANT 22d. PHYSICIAN'S NAME (TYPE OF PRINT) 22e ADDRESS should be with the S Richard P. Delaney, M.D. \$323 Havard Street, Silver Spring, Md. 20906 236 LOCATION 23g. BURIAL CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY Rockville Montgomery Maryland Mar. 28. 1987 Parklawn Cemetery 24 FUNERAL DIRECTOR Francis J. Collins. Jr. DHMH - 16 50M 4/83 Julia Devideon Pandall (VRA 15, 4) 500 University Blvd. West. Silver Spring. Md.



62 0 51 2

REG NO 1. DECEASED NAME 20 DATE OF DEATH poge 3 LIVEE OR PRINTS Ruth S. 18, 1987 Carpenter March 4 RACE 5. DATE OF BIRTH & AGE LIN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR Female 14 1894 White 93 a BIRTHPLACE THE CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH I STATE OR FOREIGN MARRIED NEVER MARRIED U.S.A. WIDOWED T Montgomery 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION IL CITY OR TOWN OF DEATH 12a. USUAL OCCUPATION 12h KIND OF BUSINESS OR HOUSEWLIE INDUSTRY Chevy Chase Bethesda Retire. & Nursing Ctn. BALTIMORE, MARYLAND 21201 USUAL RESIDENCE 13a STATE Montgomery Bethesda 13d. INSIDE CITY LIMITS? 138700 Jones Mill Road YES P NO 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE Harold FIRSTMATY Smyth 4015 Laird Place ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT IVES NO OR UNKNOWN) LIF YES GIVE WAR OR DATEST Chapin Carpenter, Jr. Chevy Chase, Md 180-36-2886 no 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE IO DUE TO, OR AS A CONSEQUENCE OF SPIRACION Conditions, if any, which gove rise to immediate cause (o), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last DIVISION OF VITAL RECORDS, 201 PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CATION 19n DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO X 21a. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM TO PART 1 OR PART 2) **71h TIME OF INJURY** HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH Mentol MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 211 LOCATION 21e. PLACE OF INJURY COUNTY AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN NOT WHILE 22a | certify that (1) this haspital) attended the deceased from JEPT . 30 19 76 to MARCH saw the deceased alive on MAGH 10 above (1) we) (did) (find not view the bady after death 10 19 19 ond that in (my) (aur) opinion death accurred an the date and hour and from the causes stated 22b. SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN David G. Luthringer 5530 Wis. Ave., Chevy Chase, MD 23e. BURIAL, CREMATION, REMOVAL 236. DATE 23c. NAME OF CEMETERY OR CREMATORY Cedar Hill Crematory Suitland PCOUNTY Cremation March 19

Wash. D.C.

- STATE

BP

DHMH - 16 60M 7/B4

(VRA 15, 4)

REGISTRAR

24 FUNERAL DIRECTOR

Joseph Gawler's Sons

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

26 HOUR

Home

20815

STATE

Md TATE

5130 Wisc. Ave 250. DATE REC'D. BY REGISTRAR 250 RECISTRAR'S SIGNATURE

Rees

9:15P

IF UNDER 24 HRS

March 11, 1987 9:137 3111 . 15% group, Jun Fourewille 100 Levy hare Fetnerda Setime. Lunding Ctn. Too Jones Hill yord Coll lont or in ethese 40,00 hforni 17134 255 o la raint etc. 180-30-000 Chapin Correnter, Jr. Chevy Chase, 14 OR 5536 M.s. vo., thevy Ruse, MD 20813 . . redur Till tre story suithand remoti . ev. . cur. Oxife and timelys lead,

Dec . can

| | 1 | 500 | | STATE OF MARYLAND | | 0 - 2 2 |
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| | 1. | FOR STATE REGISTRAR | DEPARI | MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH | REG. NO. | 8 3 3 3 |
| II. E. I SATE ASSESSED | | CEASED NAME FIRST | MIDDLE | LAST | 20. DATE OF DEATH MONTH | DAY YEAR 76. HOUR |
| t. 7a ICE MAR | 13" | DMY | TRO | CARYK | 3 | - 9-1987 11:4x |
| £ 85 | 3 SE | | 4 RACE | 5. DATE OF BIRTH | 6 AGE (IN YEARS LAST BIRTHDAY) | IF UNDER 1 YEAR IF UNDER 24 MRS |
| de 4 | | Male. | White | MONTH DAY YEAR | 8940. | RS. MONTHS DAYS HOURS MIN. |
| 2 42 00 17 | 7e B | IRTHPLACE (STATE OR FOREIGN | 76 CITIZEN OF WHAT COUNTRY | MARRIED NEVER MARRIED | 9 BALTIMORE CITY OR COL | INTY OF DEATH |
| 15 15 19/2 | 1 (| JKranian | UKRAINE | WIDOWED DIVORCED | MONTGOME | RY CO. MD. |
| 24 | | ITY OR TOWN OF DEATH | 11. NAME OF HOSPITAL, NURSI | NG HOME OR OTHER INSTITUTION | 12a USUAL OCCUPATION | 126 KIND OF BUSINESS OR |
| 5 1 17 10 | | 3 etheoda | Gras Venur H | ealth Care Center | MACHINE O | PR. SHOE CO. |
| 2 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 | JiaU 13e. | AL RESIDENCE (IF NURSING HOME O STATE 13b. COU | PROTHER INSTITUTION GIVE RESIDENCE BEFOR | | 13e STREET ADDRESS / ZIP (| |
| A SUL | _ | | NTGOMPRY GERM | | 13910 ES WOR | THY RD - 20874 |
| 是 (詞 語 /) | M.E. | ATHER'S NAME | MIDDIE LAST | 15 MOTHER'S MAIDEN NA | AME MIDDLE | IASI |
| # (10 11/PC | 1 | ANDREW | CARY | K FWDOKI | | LAVRIV |
| 1 17 | | WAS DECEASED EVER IN U.S. AL | | | ADDRESS | 20874 |
| W | | No - | 164-28 | 6588 THEODORE | CARYK, 1391 | OFSWORTHY RD. |
| fittate infeate opposition | | PART I. DEATH WAS CAUS | inly one couse per line for (a), (b), a ED BY: | the Ord | - Pulleur | BETWEEN ONSET AND DEATH |
| N S S S S S S S S S S S S S S S S S S S | | IMMEDIA | DUE TO, OR AS A CONSEQU | IENGE OF | - (| |
| deorth over co | 1 | Conditions, if ony, which | (b) SPA | inche 266 415 | - Elmon UM- | sentincell- |
| Har the constraint contract | | gove rise to immediate couse (a), stating the underlying cause last. | DUE TO, OR AS A CONSEQU | JENCE DE LES OUT EV | featur - v | salus esfection |
| RDS, 20 squires Then pile So burning | Z | PART 2 OTHER SIGNIFICANT | CONDITIONS CONTRIBUTING TO | DEATH BUT NOT RELATED TO THE TER | MINAL DISEASE OR CONDITION | GIVEN IN PART 1101 |
| DIVISION OF VITAL RECORDS ING PHYSICIAN: The low regular this certificate has been little of the burnol-tronsit permit. The hond Mental Hygiene prior to orked as them AB shows any included on them AB shows any included the properties of the permit orked as them AB shows any included the permit of the permit | CERTIFICATION | 19a DATE OF OPERATION | 196. CONDITION FOR WHICH | OPERATION WAS PERFORMED | | FYES, WERE FINDINGS USED ERTIFYING CAUSES OF DEATH? YES NO |
| N. T. N. T. T. Second | 1 8 | 710 ACCIDENT WAS UNDERLYING | | 216. HOW INJURY OCCUP | RRED (ENTER NATURE OF INJURY IN ITE | M 18 PART I OR PART 2) |
| SICIA ng ph certifi nriol-tr entol | K | OR CONTRIBUTING CAUSE OF DE | AIR | 19 | | |
| My S | MEDICAL | 216 INJURY OCCURRED | 21e. PLACE OF INJURY | 211 LOCATION | CITY OR TOWN | COUNTY STATE |
| VISI G P one one ked | * | WHILE NOT WHILE AT WORK | (AT HOME, STREET, FACTORY, OFFICE, | FARM ETC } | | 37.12 |
| Aft o o o o o o o o o o o o o o o o o o o | | | pital) attended the deceased from | CNER Y VAR. | 10 30 | 19 \$ 7 that (we) lost |
| | | sow the deceased alive or | 7 9 19 | , and that in (my) (our) opinion | death occurred on the date one | d hour and from the causes stated |
| R ATTEN hospitol RECTOR ned for un iem 21 is | | obove, (1) (we) (did) (did ni 22h SIGNATURE | ot) view the body offendeath. | DEGREE | | 22c. DATE SIGNED. |
| the Detail | | Hreh- | o. Allen | ATTENDING PHYSICIAN | MEDICAL STAFF DIRECTOR PHYSICIAN | 1.8 10118 |
| N HOSPITA Turned by O FUNERA An the Stot | | 226 PHYSICIAN'S NAME (TYPE | D. KHIAN | EY \$218 WS | 3 Corsin AVE | Relliade. |
| F 6 E 2 3 E 3 | 23a. | BURIAL, CREMATION, REMOVA | L 23b. DATE 23c. | NAME OF CEMETERY OR CREMATORY | 23d. LOCATION CITY OR TOWN | COUNTY STATE |
| BP | | BURIAL | 3/14/87 57 | MICHAEL UKR CE | m B | ALTO. MD:4 |
| DHMH - 16 50M 4/83 | 24 F | UNERAL DIRECTOR | | / 25e DA | TE REC'D. BY REGISTRATION | ""是"一" |
| (VRA 15, 4) | 14 | My Eleler | Inc. 1901 Fas | ten Ave. MAR | 12 1987 | " Milliand Shridering |



236. DAJE

24 FUNERAL DIRECTOR JOSEPH GAWLET'S Sons, Inc.
NAME 5130 WI Ave. NW Wash OFFE SDC 20016

3/20/87

4 RACE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO 20 DATE OF DEATH 2b HOUR ELIZABETH Barcley Hunt CASKIE 1987 Mar. 17. 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IE UNDER LYFAR IF UNDER 24 HRS BALTIMORE CITY OR COUNTY OF DEATH Montgomery 12a USUAL OCCUPATION INDUSTRY Home 126 KIND OF BUSINESS OF TYPE OF WORK FOR MOST OF WORKING LIFE 130 STREET ADDRESS / ZIP CODE 5801 Brookside Dr. Barcley Maude ADDRESS Elizabeth Speed Same as item # 13 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

23d. LOCATION

Hillside, NJ

250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

IN CERTIFYING CAUSES OF DEATH?

COUNTY

3/18/87

NO [

STATE

STATE

Arteriosclerotic and Vascular heart disease PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 20b. IF YES, WERE FINDINGS USED

23¢ NAME OF CEMETERY OR CREMATORY

Evergreen Cem.

DHMH - 16 60M 7/84 (VRA 15, 4)

230. BURIAL, CREMATION, REMOVAL

ISPECIF Burial

FOR

1. DECEASED NAME

REGISTRAR

- STATE

3. SEX

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500 Unionskill Blud. W.

FREG. NO. . DECEASED NAME 20. DATE OF DEATH MONTH (TYPE OR PRINT) Mary L Catts 4 RACE 2.5EX 5. DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) Jan. 20 1893 Female White 70. BIRTHPLACE (STATE OR FOREIGN 7b. CITIZEN OF WHAT COUNTRY? **BALTIMORE CITY OR COUNTY OF DEATH** MARRIED NEVER MARRIED New Jersey USA Montgomery WIDOWED DIVORCED [11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 10 CITY OR TOWN OF DEATH 120 USUAL OCCUPATION Ret. Secty. University Nursing Home Wheaton SUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 136 COUNTY 13a. STATE 13d. INSIDE CITY LIMITS? 13. STREET ADDRESS / ZIP CODE 2416 Eugene Street Silver Spring Maryland Montgomery 15. MOTHER'S MAIDEN NAME 14 FATHER'S NAME MIDDLE LAST Carrie LeRoy Curtin Cratzer 14621 Crossway Road 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT (son) Christopher Smith 578-28-7324 Rockville, Md. 8 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) A COMEQUENCE OF Conditions, if any, which gove rise to immediate cause (o), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 90 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED NOKK 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART | OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH LIF EITHER NOTIFY MEDICAL EXAMINER 21d IN JURY OCCURRED 21f. LOCATION 71e PLACE OF INJURY CITY OR TOWN (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) WHILE NOT WHILE 22a I certify that (1) (this hospital) attended the deceased from saw the deceased alive an above, (we) (did not and that in (our) opinion death occurred on the date and have and Iram the causes stated (did nat) view the body often death DEGREE MEDICAL PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS 22d PHYSICIAN'S TYPE OR PRINT)

FOR

REGISTRAR

- STATE

George Sengstack, MD 3929 Ferrara Drive Wheaton, Md. 23a BURIAL, CREMATION, REMOVAL 23d LOCATION 23b. DATE 23c NAME OF CEMETERY OR CREMATORY Cremation 3 - 6 - 1987Metropolitan Crematory Alexandria Virginia 24 FUNERAL DIRECTOR 25a DATE REC'D. BY REGISTRAR 25b REGISTRAR'S SIGNATUR Hines Rinaldi Funeral Home Silver Spring, Md. DHMH - 16 60M 7/84 Vilia Dividion Pandallo (VRA 15, 4)

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

126 KIND OF BUSINESS OR INDUSTRYN J Public Schools

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IN CERTIFYING CAUSES OF DEATH?

COUNTY

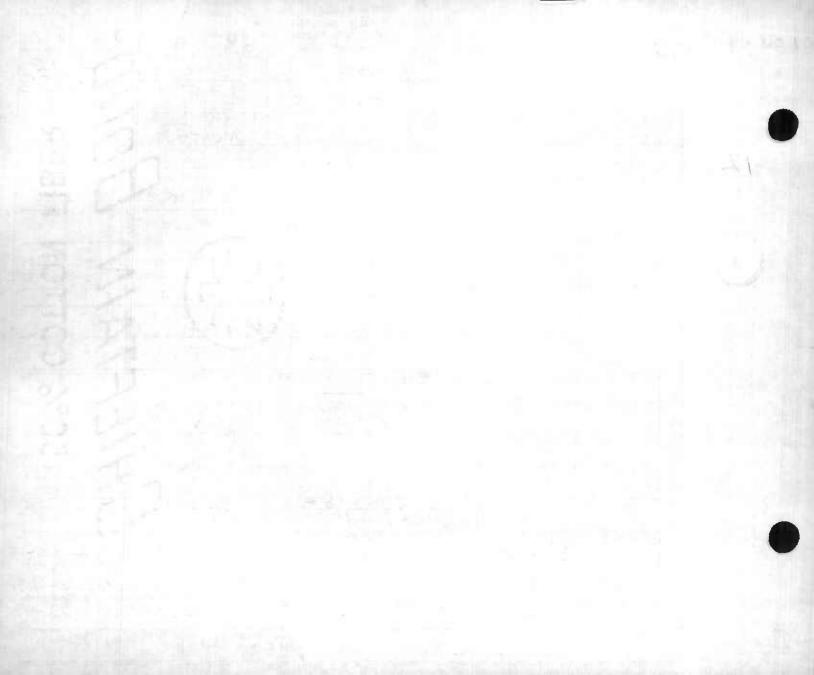
22c. DATE SIGNED

20853 APPROXIMATE INTERVAL BELWEEN ONSET AND DEATH



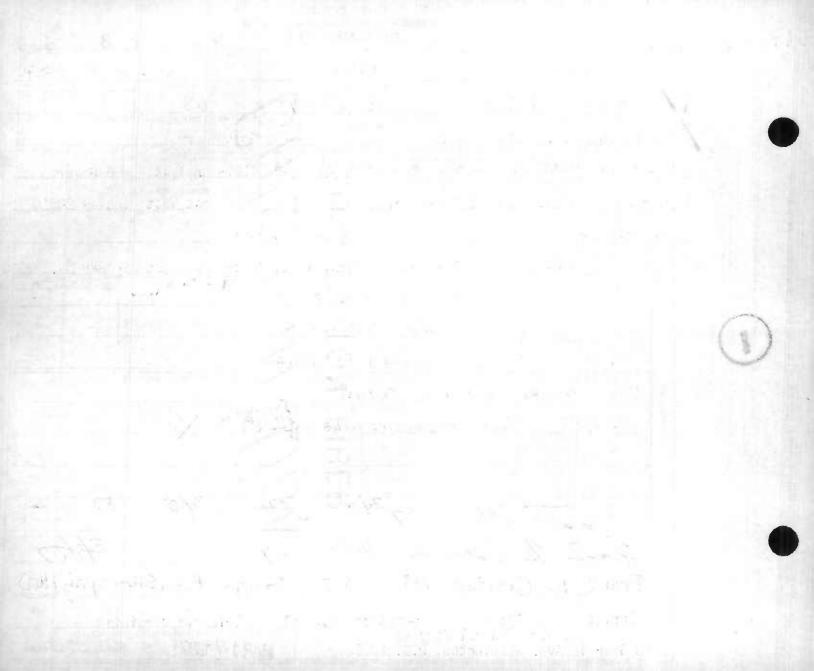
(VRA 15, 4)

STATE OF MARYLAND

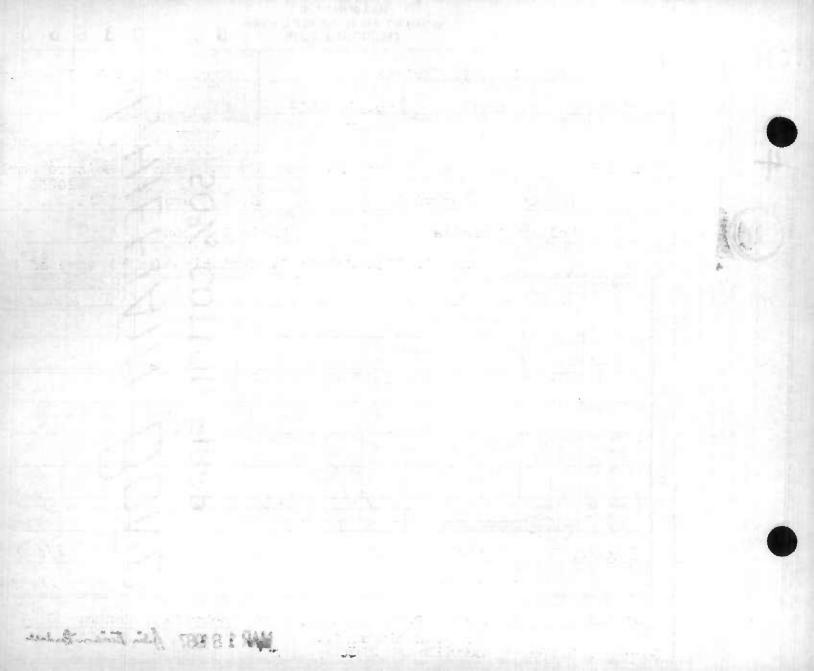


THE PROPERTY OF MARCIA 1887 July States of the States of t

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| 0 1 1 0 | 0 1 1131-1 | 1. DEC | EASED NAME FIRST | _ | MIDDLE | IASI | ī | 70 | REG. NO | MONTH DAY | YEAR 2h | HOUR |
| e Q | o 4 3 | | ORPRINT) WILLIA | na | | CH | HEW | 4.7 | | 03 - 08 | 8-87 | 3.35Pm |
| you | page 3 rr death | 3. SE) | | 4. RACE | | 5. DATE OF | | 6 | AGE (IN YEARS LAST BIR | | | UNDER 24 HRS |
| 4 | ofte. | 1 | DA . | Black | | MONTH | DAY | YEAR | 68 | MOR | | OURS MIN. |
| obo | direc | 7n Bil | THPLACE (STATE OR FOREIGN | | WHAT COUNTRY? | 12 | 07 | 18 | BALTIMORE CITY O | YRS P COUNTY O | EDEATH | |
| ======================================= | 12 / 12 P | (| OUNTRY | | | | NEVER MARK | KIED ' | | K COONTY O | PUEAIN | |
| 9 | hin hin | | hington, D.C. | United | States HOSPITAL, NURSIN | WIDOWED | | CED M | ontgomery o. USUAL OCCUPATE | ON | 101 471 10 05 0 | MD. |
| fer | d v | - | | JE NOT IN SU | CH FACILITY, GIVE STREET | ADDRESS) | . 1 | (T | TYPE OF WORK FOR MOST O | F WORKING LIFE) | 176 KIND OF B | USINESS OR |
| 201 ors | by file | 108007 | AKOMA PARK | WASHIN | IGTON AD | VENTS | T HOSPI | TAL IC | <u>laim Analy</u> | st. | US Gove | rnment |
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| AN S | | | | omery | Bilver Sp | ring | YES NO | | 526 East V | lest Hi | ghway 2 | 0910 |
| with with | 1 2 2 5 | 100 | THER'S NAME FIRST | MIDDIE | LAST | 1: | 5. MOTHER'S MA | | MIDDLE | | EAST | |
| W P | | | bert Chew | | | | Cecelia | a Corb | | | | - 1-2 |
| ORE. | Pages Pages medical | £Y. | 'AS DECEASED EVER IN U.S. AR | MED FORCES? | 166 SOCIAL SECU | RITY NO. 1 | 7 INFORMANT | | ADDRE | SS | 1 | |
| BALTIMORE. | Page | ye | s 1944 | 1946 | 230-09-0 |)563 J | Juanita (| Chew/1 | 526 East W | lest Hi | ghway M | d. 2091 |
| 3ALI | sicro apers al. | -114 | 18 CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE | ly one couse pe | r line for (a), (b), and | | | 4 | | | APPROXIMAL BETWEEN ONS | TE INTERVAL ET AND DEATH |
| : = | ph) mon | | | D BY: TE CAUSE (0) | CARDI | AC AF | PREST | N. W | 225 | | | |
| NO S | ofice | | | DUE TO O | R AS A CONSEQUE | NCE OF | 1 | 40 | | Her had | | |
| EST (| . 115 | - | Conditions, if any, which | (b)_ | SEVERE | HYI | POXEMI | IA | | | | |
| 8 | 1 1 1 1 | | gave rise to immediate cause (a), stating the | DUETO | R AS A CONSEQUE | NCE OF | Electric to | | | | | |
| 201 W. PRESTON ST. | 8 5 fb | | underlying cause last | (c) | PUL MON | | EDEN | nA | | | | |
| . 20 | b b b b b b b b b b b b b b b b b b b | | PART 2 OTHER SIGNIFICANT | CONDITIONS | | | OT RELATED TO | THE TERMINA | AL DISEASE OR CON | DITION GIVEN | IN PART Ito | |
| DIVISION OF VITAL RECORDS, | The The injury | CERTIFICATION | HEART FAILURE & RENAL FAILURE | | | | | | | | | |
| ECO 3 | bee prio | CAT | 190 DATE OF OPERATION | 196 COND | ITION FOR WHICH | OPERATION | WAS PERFORME | SCHEM | 200 AUTOPSY? | 206 IF YES, V | VERE FINDINGS | USED |
| he le | has has | TIF | 03/06/87. | ACUTO | | | NEARCTION | E PIC BIOLE | FEST NOW | YES [| | NO T |
| Z Z | ysici cate onsi Hyg Hyg 8 sh | G | 71g. ACCIDENT WAS UNDERLYING | 216. TIME C | | | 21c. HOW INJURY | | (ENTER NATURE OF INJUR | Y IN ITEM 18 PART | I OR PART 2) | |
| OF OF | a ph | 1 V | OR CONTRIBUTING CAUSE OF DEA | | .M. MONTH DA | 19 | | | | | | |
| HYS ON | A Me | MEDICAL | 21d INJURY OCCURRED | 21e. PLACE | OF INJURY | | II LOCATION | A 14 | CITY OR TO | | COUNTY | STATE |
| VIS | offer the street of the street | 2 | WHILE NOT WHILE AT WORK | (AT HOME, ST | REET, FACTORY, OFFICE, F | ARM, ETC J | SIKEEI | | CITORIO | V14 | COONIT | STATE |
| | Se o se o month | | 22a I certify that (I) (this hospi | attended th | e deceased from_ | 3/ | 3 19 | 937 | 10_3/ | 7 19 | 87 tho | t (l) (aug) last |
| ATTEN | TOR for u | | saw the deceased alive on above, (1) () () () (did no | | | 7 ond | that in (my) | opinion deo | th occurred on the do | te and hour a | - / | |
| OR A | REC hed hed tem | | 27b. SIGNA URE | view the body | arter death. | DE | GREE | | | | THE DATE SIC | SWED |
| 0 | the Detail | | In I | 1 /01 | un rin | 14 | ATTEN PHYS | NDING W | MEDICAL STAP | FIAN | 3/9/ | 77 |
| TIAS | NER PE CA | | 224. PHYSICIAN'S NAME (TYPE | OR PRINT) | | 1 | 22e ADDRESS | ACIAIN AG S | · | | 1 (((| |
| Õ | OR # OR | | Frank M | Gravi | un . Mi | 0 | 103/3 | Geor | Sig Ave | Silve | - Soru | (W) |
| 5 | of Order | 230 B | URIAL, CREMATION, REMOVAL | | | | AETERY OR CREM | | 23d LOCATION | | 1 | |
| | 3P | (| Burial | 3/12/8 | | | Nation | | CITY OR TOWN | | OUNTY | STATE |
| | | 24 FL | NERAL DIRECTOR MCGuir | e Funer | al Service | P | Nacion | | Triangle EC'D. BY REGISTRAR | 25b. REGISTRA | R'S SIGNATUR | E |
| DHA | WH - 16 60M 7/B4 (VRA 15. 4) | 74 | 00 Georgia Ave. | Washir | aton. D. | 2001 | 2 | MAG | | | sorder P | The state of the s |



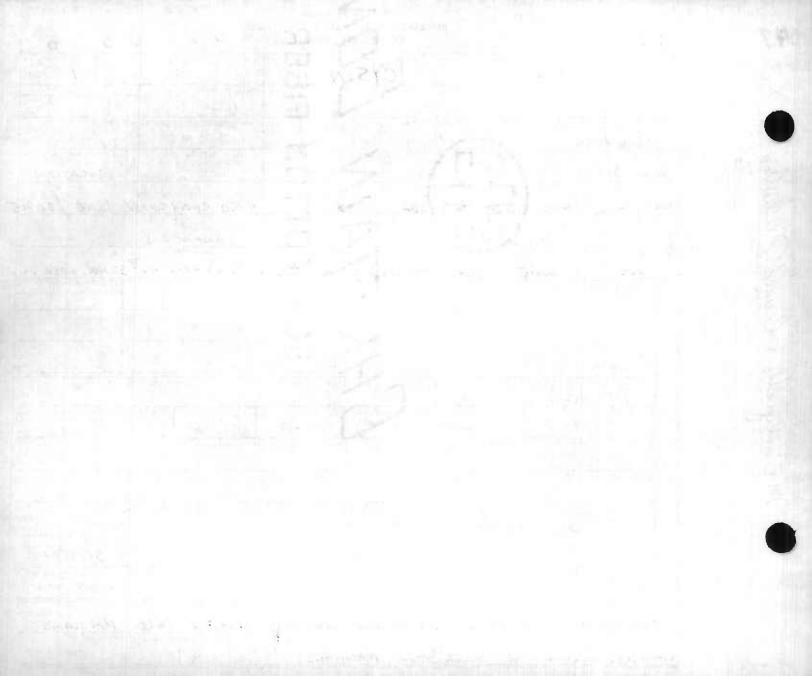
| | | | | STATI | OF MARYLAND | | | |
|---|---------------|---|---|-----------------|------------------------------|------------------------------|---------------------|---|
| | 1. | FOR STATE | DI | | EALTH AND MENTAL HY | GIENE | 0 6 | 2 6 0 |
| | | REGISTRAR | | | CATE OF DEATH | REG. NO | | , 3 0 0 |
| 8 1 0 4 MAR 24 | | CEASED NAME FIRST OR PRINT) | MIDDLE | į. | AST | 20 DATE OF DEATH | MONTH DAY | YEAR 26 HOUR |
| poge deor | | Car | | hristia | n | March : | | |
| fer po | 3. SE | | 4 RACE | 5. DATE C | | 6. AGE (IN YEARS LAST BIRTI | HDAY) IF UND | DER TYEAR IF UNDER 24 HRS |
| ge ecto | | Male | Black | Aug. | 1, 1918 | 68 | YRS. | |
| Pod is both | | RTHPLACE (STATE OR FOREIGN | 76 CITIZEN OF WHAT COL | JNTRY? 8 | NEVER MARRIED | 9 BALTIMORE CITY OF | | EATH |
| So June 60 | | Md. | USA | WIDOWE | D DIVORCED | MONTG | | MD. |
| 11: 4: 4 | | TY OR TOWN OF DEATH | 11. NAME OF HOSPITAL, (IF NOT IN SUCH FACILITY, GI | | R OTHER INSTITUTION | 128 USUAL OCCUPATION | WORKING LIFE) IN | b. KIND OF BUSINESS OR DUSTRY |
| S S S S S S S S S S S S S S S S S S S | | ockville | Collingsw | good Nur | sing Home | Ground Ma: | int. I | Leisure Wor |
| d be | 13a. S | AL RESIDENCE (IF NURSING HOME OF | NTY 13c. CITY C | OR TOWN | 13d INSIDE CITY LIMITS? | 13e STREET ADDRESS / | ZIP CODE | 20855 |
| | | MD Mon | tg. Rock | ville | YES NO | 5065 Munca | aster M | Mill Rd. |
| (1 M / L / | 14. FA | THER'S NAME FIRST | MIDDLE L | .AST | 15. MOTHER'S MAIDEN N | ame sie Johnson | | LAST |
| W BORNE | | Kelle | | (43) | | | | |
| H A A A A A A A A A A A A A A A A A A A | | VAS DECEASED EVER IN U.S. AR | E MAR OR DATES | AL SECURITY NO. | 17 INFORMANT | ADDRES | | #13 |
| n Pe | | YES NO OR UNKNOWN) (IF YES, GA | 220- | 28-7380 | Hattie L. | Christian | (wife) | |
| BALTIMORE, cate be used opers. Post on any opers. Post on any ord. | | 18 CAUSE OF DEATH (Enter or | ly one couse per line for (o) | , (b), and ice | | | | APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH |
| | | PART I. DEATH WAS CAUSE IMMEDIA | TE CAUSE (o) | 100 | Canc | CV | | Imonth |
| nding carbing or r | | reference States of | DUE TO, OR AS A COI | NSEQUENCE OF | | | | |
| deale deal | | Conditions, if ony, which | (b) | V | | | | H + K - The - |
| W. PR | | gove rise to immediate couse (a), stating the | DUE TO, OR AS A COL | NSEQUENCE OF | | | | |
| ss that the death certificed by the attending phyloser remove carbon princil, cremation, or remain, or other traumatic even | | underlying couse lost. | (c) | | | | | |
| s, z, | z | PART 2 OTHER SIGNIFICANT | CONDITIONS CONTRIBUTION | NG TO DEATH BUT | NOT RELATED TO THE TER | MINAL DISEASE OR CONE | ITION GIVEN IN | PART Ito |
| DIVISION OF VITAL RECORDS, NG PHYSICIAN: The low require, offending physicion. Ifter this certificate has been sign os the burial-transit permit. Then thoud Mental Hygiene prior to bu and derited JB shows any injury orked or trem JB shows any injury | CERTIFICATION | | | | | | | |
| nos been permit no prior | FICA | 190 DATE OF OPERATION | 196 CONDITION FOR | WHICH OPERATIO | N WAS PERFORMED | 200 AUTOPSY? | | RE FINDINGS USED CAUSES OF DEATH? |
| PYSICIAN: The India physician. Is certificate has burial-transit pe. Mental Hygiene or item 18 shows | RTI | at according to be a second | 216. TIME OF INJURY | | 121. HOW BURN OCCU | YES NO | YES [| NO [] |
| AN: obhysis ifico | | 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE. | | TH DAY YEAR | TIC HOW INJURY OCCU | RRED (ENTER NATURE OF INJUR | IN ITEM 18 PART I O | R PART 2) |
| SICLA central variable hem | MEDICAL | (IF EITHER NOTIFY MEDICAL EXAMINE) | P.M. 21e. PLACE OF INJURY | 19 | 211 LOCATION | | | |
| O PHY or this the bu | MED | | (AT HOME, STREET, FACTORY | | STREET | CITY OR TOV | VN C | OUNTY STATE |
| After of Ith o | | AT WORK | | | 11/ 0/ | | 4 4 | |
| olo olo OR: Heo | | 220.1 certify that III this hosp | . / / | / | d that of (my) (hur) appoint | death occurred in the do | 1 c s 1 19_ | from the source stand |
| ATT OSPIN | | obove (I) I I I did (did no | tiview the body ofter death | | DEGREE | - dediti occorred wit the do | | The DATE SIGNED. |
| OR AT OR AT DIRECT Oched f Dept. of If Item of | | A A A A | 1 . | 1 | ATTENDING | MEDICAL _ STAF | F | 2/13/83 |
| ITAL O by the RAL D store D in It. If I | | 22d. PHYSICIAN'S NAME LYPPY | a fire | 11 MO | PHYSICIAN 122e ADDRESS | DIRECTOR PHYSIC | AN . | 3/10/01 |
| O HOSPITAL TO FUNERAL should be detu | | // | | inford,M | / | Montgomery | AVA R | Rockville M |
| TO HOSPITAL (retoined by the TO FUNERAL Is should be detoined the Store I IMPORTANT: If | 00 | | | | | | 11 V C . IV | OCKVIIIE M |
| | 73a l | BURIAL, CREMATION, REMOVAL | | | EMETERY OR CREMATORY | 23d LOCATION CITY OF TOWN | cou | NTY STATE |
| BP | 24 51 | Burial | 3-17-87 | | | rk Rockvil | Le, Mor | itg. MD |
| DHMH - 16 60M 7/84 | | NAME | _ , , , , | Washingt | | MR 1 8 1987 | A La Di | HOLD BALL |
| (VRA 15, 4) | | eorge R. Snowde | en Rockvil | .le, MD 20 | 1, ACR | | | |



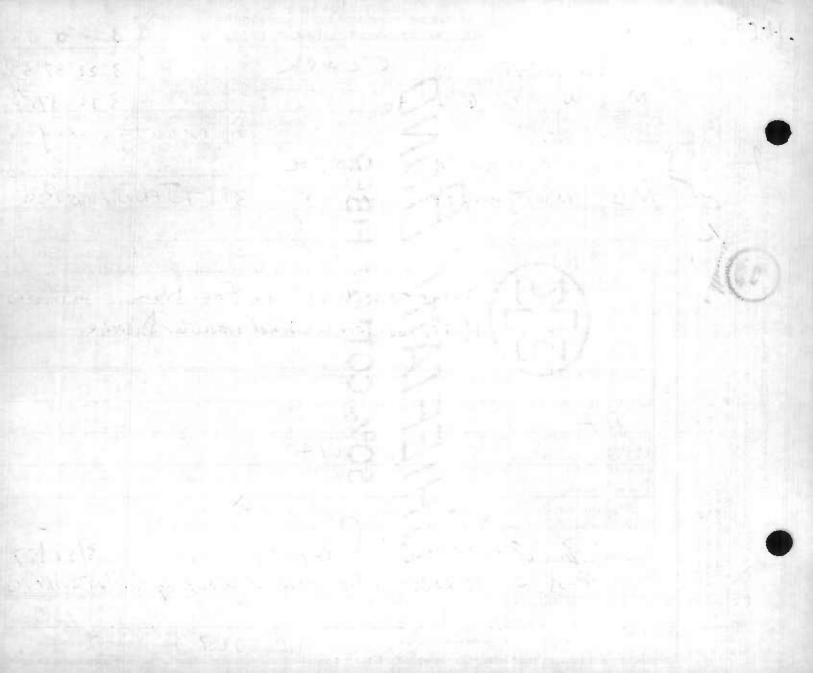
| | | | | | STAT | E OF MARYLAND 10 F | FI - YOLANDA | | JAH ST | |
|--|---------------|---|--|---------------------------|------------|-------------------------------|---------------------------------------|----------------|--------------|--|
| 148-1-65 MAR | A. | FOR | | DEPART | | HEALTH AND MENTAL NYG | IENE 14 DR UN | HAU. | JOHN | 8 |
| 70100 1011 | | REGISTRAR | | | CERTII | ICATE OF DEATH M | IN B RENO | 0 | HOD | 1668 |
| | | CEASED NAME FIR | ST | MIDDLE | 0 | LAST & | 20. DATE OF DEATH MC | NHS A DAY | YEAR | 75 HOUR |
| oy be deoth deoth | (,,,,, | 70 | LANDA | F. | 01 | OFFI | March 1 | 3. 198 | 87 | 6:20pm |
| OE OD | 3. SE | X | 4. RACE | | S. DATE | | 6. AGE (IN YEARS LAST BIRTHD | | INDER 1 YEAR | IF UNDER 24 HRS |
| sector s of | | Female | Cauca | sian | May | 30. 1914 YEAR | 72 | YRS. | THS DAYS | HOURS MIN. |
| 0 0 0 pm | 7a. BI | RTHPLACE (STATE OR FOREIG | | WHAT COUNTRY? | 10 | D X NEVER MARRIED | 9 BALTIMORE CITY OR | | DEATH | |
| to of to | Wa | shington. D. | c. u.: | s.A. | WIDOW | | Montgome | ru | | MD |
| 16 1 | | TY OR TOWN OF DEATH | 11. NAME OF | HOSPITAL, NURSIN | IG HOME | OR OTHER INSTITUTION | 12a USUAL OCCUPATION | | | F BUSINESS OR |
| 5 | - | Bethesda | | burban Hoz | 4 . | 9 | Med. Staff A | | Roth N | lavalHosp. |
| 212 | ÚSU. | AL RESIDENCE (IF NURSING H | OME OR OTHER INSTITUTIO | N, GIVE RESIDENCE BEFORE | ADMISSION) | | | | 000000 | ac acres p |
| S 4 9 9 | | | ontgomery | Kensing | | 13d. INSIDE CITY LIMITS? | 13e.STREET ADDRESS / Z 4109 Culver | | o # | 20895 |
| TLA thin thin | - | THER'S NAME | | | LOTE | 15. MOTHER'S MAIDEN NA | | Souce | | 20075 |
| AAR Speed | | Felix | MIDDLE | Forcella | 7 | Lena | MIDDLE | Dal | e Buon | |
| E, A | 16a V | VAS DECEASED EVER IN U | .S. ARMED FORCES? | 16b SOCIAL SECU | | 17 INFORMANT | ADDRESS | | L buon | .0 |
| ALTIMORE, MARYLAND 2120 The xecuted within 24 hours and completely filled in by the finges 1 ond 2 should be fill of the medicol backmiller husbabe in the medicol backmiller husbabe in | -{ | YES, NO OR UNKNOWN) (IF | YES, GIVE WAR OR DATES) | 577-05-7 | 1883 | Daniel T. Cio | Ili a husha | nd se | ame as | #12 |
| the state of | | | | | | journer 1. Cit | MAR. SA Musba | na sc | | MATE INTERVAL DISET AND DEATH |
| ., B. | | 18 CAUSE OF DEATH (E) PART I. DEATH WAS C | AUSED BY: | er line for (o), (b), on | 2-11 | Camina | in. | | BETWEEN | INSET AND DEATH |
| TS Trem | | IMA | EDIATE CAUSE (o)_ | 181816 | 512/ | c Ceveinos | 72 | | | |
| of h | | e lui u | | OR AS A CONSEQUE | ENCE OF | m 1 m | 10,000 | | | |
| RES e off move trou | - | Conditions, if any, what gove rise to immedia | | CETCI | 100 | in of has | alles. | | | |
| W. W. the y the crem | | | the DUE TO, o | OR AS A CONSEQUE | ENCE OF | | | | | |
| s the sed be oleon | | | (c)_ | | | | | | | |
| NG PHYSICIAN: The low requires that the death otherding physician. (feer this certificate has been signed by the otherding she buriol-transit permit. Then please remove conting and Mennal Hygiene prior to buriol, cremation, or orked or them 18 shows any injury, or other troumain | Z | PART 2. OTHER SIGNIFIC | Now | ONTRIBUTING TO | DEATH BUT | NOT RELATED TO THE TERM | NINAL DISEASE OR CONDIT | ION GIVEN | IN PART 110 | an entre |
| OR veen | CERTIFICATION | 19s DATE OF OPERATION | | DITION FOR WHICH | OPERATIO | ON WAS PERFORMED | 20a AUTOPSY? 2 | Ob. IF YES, W | VERE EINDIN | ICS LISED |
| REC. | F. | 5/15/0 | - 3. | cin can | - 4 | Dancube | \ | N CERTIFYIN | G CAUSES | OF DEATH? |
| VITAL No. The hysicion incote hybrid hygies 118 sho. | ERT | 21a. ACCIDENT WAS UNDERLY | NG 🖂 1216 TIME | OF INJURY | 7 | 21c HOW INJURY OCCUR | YES NO | YES | V CD CLCL CL | NO 🗌 |
| Physical Phy | | OR CONTRIBUTING CAUSE | 1 110110 | | AY YEAR | THE HOW WHOM TO COOK | TENTER NATURE OF INJURY II | 4 IIEM 18 PARI | OR PART 2] | |
| IN OF | MEDICAL | (IF EITHER NOTIFY MEDICALE) | | OF INJURY | 19 | 21f LOCATION | | | - | |
| PHY tendi | ME | WHILE NOT WHILE | EAT HOME S | TREET, FACTORY, OFFICE, F | ARM, ETC) | STREET | CITY OR TOWN | | COUNTY | STATE |
| Afre nork | | AT WORK - AT WORK | | | 1 | N. 2.1 G1 | | + | | |
| FEND POLOS Heos | | 220.1 certify that (1) (this | and the same of th | 7 / | 27 | nd that in (my) (our) opinion | death occurred on the date | 19_ | , 1 | have lost |
| ATT OSPITO OSPIT | 15 | saw the deceased all above, (1)(we) (did) (22) SIGNATURE | did not) view the bad | ofter death. | 7 | DEGREE | dedit occorred on the date | 0110 11001 011 | | |
| OR he h | (| A O A | 11 | , , | no | ATTENDING | MEDICAL _ STAFF | | 22c. DATE | SIGNED |
| RAIL Store | | 224 PHYSICIAN'S NAME | Um | 12 11 | na | PHYSICIAN 22 ADDRESS | DIRECTOR PHYSICIAL | V 🗌 | 12/19 | 18/ |
| HOSPITAL nned by t FUNERAL uld be det the State | -31 | PL R | . / / | MD | | COLC | An Na | . Ch | 100 | m/ |
| TO HOSPITAL (retoined by the TO FUNERAL II should be detoined with the Store II IMPORTANT; If | | JOHN D. | | | | 2202 (onn- | Mr., Chel | 9 6010 | -16 / | 11/6. |
| | 23a. E | SURIAL, CREMATION, REM | OVAL 236 DATE | 236 1 | NAME OF | EMETERY OR CREMATORY | 23d LOCATION CITY OR TOWN | C | OUNTY | STATE |
| BP | | Burial | Mar. 1 | 5,1987 Ga | te of | Heaven Cemete | | | | |
| DHMH - 16 60M 7/B4 | 24 FI | NAME Fra | incis J. C | ollinsones J) | 7. | 25a. DAT | EREC'D BY REGISTRAR 25E | REGISTRA | R'S SIGNATI | JRE ALL S |
| (VRA 15, 4) | 50 | 10 University | | | | ing, Md. | " 1 2 0 190/ | | 14400 | (Alberta |



STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG NO DECEASED NAME 20 DATE OF DEATH MONTH YEAR 26 HOUR TYPE OR PRINTI 3 4 RACE SOM LE GROUNT BE 3 SEX 6 AGE LIN YEARS LAST BIRTHDAY) IF LINDER 1 YEAR YEAR MONTH Canc VPC 7a BIRTHPLACE ISTATE OF FOREIGN 7h CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED NEWYORK MONIT DIVORCED [] WIDOWED NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12ª USUAL OCCUPATION 126 KIND OF BUSINESS OR NOT IN SUCH FACILITY GIVE STREET ADDRESS! (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY MIFE SSOK 4 CROXS SIWER SPRING EDUCATION UAL RESIDENCE LIF NURSING HOME OF OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION 136 COUNTY 13c. CITY OR TOWN 13e STREET ADDRESS / ZIP CODE 13d INSIDE CITY LIMITS? 4800 CHEVY CHASE BETHESDA MARYLAND MONTGONETRY FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE LAST FIRST UNKNOWN WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT TIF YES, GIVE WAR OR DATEST DANIEL CISIN (SON) 4812 45 TH ST. NW. WAS MWIT VES 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY ANCER IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 11g CERTIFICATION HULDGIC 190 DATE OF OPERATION CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 206. IF YES, WERE FINDINGS USED 196 IN CERTIFYING CAUSES OF DEATH? NOR NO F 21a. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART & OR PART 2) HOUR A.M. MONTH DAY YFAR OR CONTRIBUTING T CAUSE OF DEATH MEDICAL FIF EITHER NOTIFY MEDICAL EXAMINER 19 21d INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION CITY OR TOWN STATE STREET IAT HOME STREET FACTORY, OFFICE FARM ETC 1 NOT WHILE 22a.1 certify that (Tythis haspital) attended the deceased from saw the deceased alive on_ and that in (my) (our) opinion death occurred on the date and have and from the causes stated above, (1) (we) (did not) view the body after death 226 SIGNANIE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL STAFF
PHYSICIAN PHYSICIAN NAME OF THE OWNER, 22e ADDRESS d b IMPORT LENSINGTON! shour. 10500 Summit ROB15 230 BURIAL, CREMATION, REMOVAL 236 DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION SPECIFY CITY OF TOWN CHAMBERS CREMATION CREMATORY RIVERDALE PG CO. 24 FUNERAL DIRECTOR 250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE DHMH - 16 60M 7/84 C. C. T. DAY (VRA 15, 4) CHAMBERS FUNERAL HOME SIWER SPRING, MARYLAND 0111117 1 1/3/15



| | | | | | OF MARYLAND | | | |
|-------------------|--|---------------|--|--|---------------------------------|---------------------------------------|----------------------------|---|
| 11.0 | 7700 11 | | FOR STATE | DEPARTMENT OF HEA | LTH AND MENTAL | 7.5 | n n | |
| · 1.1. (| 107 11 | | REGISTRAR | MEDICAL EXAMINER | S CERTIFICATE | OF DEATH/ | REG. W. B | 200 |
| | | | CEASED NAME FIRST | MIDDLE | LAST | 20 DATE K | NOWN MONTH | DAY YEAR 26 HOUR |
| | # % S S + | (11) | PEORPRINT) ERAIEST | T | LARK | OF DEATH / | MATED 3 | 221987 50T |
| | FLOR. FLES. HOURS TREET, | 3 SEX | X A RACE S DATE O | F BIRTH 6. AGE (IN YEARS) | F UNDER TYR. TIF UNDE | R 24 HRS. 2c DATE | MONTH | DAY YEAR 24 HOUR |
| | 2 2 2 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 | 100 | MONTH MONTH | 7. 110 11/ | MONTHS DAYS HOURS | MIN PRONOUNG DEAD | ED > | 22 07/04 |
| | 40020 m | 7. 01 | IDTUDUACE ASSAULTON TO THE CONTROL OF THE CONTROL O | 6 40 46 YRS. N OF WHAT COUNTRY? | | | DE CITY OF COUNTY | DETO O IS PIN |
| - | SERVE STREET | FC FC | IRTHPLACE (STATE OR 76. CITIZE) DREIGN COUNTRY) | N OF WHAT COUNTRY? | ARRIED NEVER MAR | RIED | RE CITY OR COUNT | TY OF DEATH |
| | S S S S S S S S S S S S S S S S S S S | | | 37 | | CED X | surgo | meny mo |
| 1 | 京本な田当 〇 | 10 C | IT OR TOWN OF DEATH | OF HOSPITAL, NURSING HOME, OR | OTHER INSTITUTION | T2a. USUAL OCCUPA FOR MOST OF WORK | | 126 KIND OF BUSINESS OR INDUSTRY |
| 1 | 304 0 | 1 | Iver Sprang Ho | LY CROSS HO | SMITHE | 1 | | erDept.Transp |
| - | NEW SERVICE | | AL RESIDENCE (IF IN NURSING HOME OR OTHER INSTI | TUTION GIVE RESIDENCE BEFORE ADMISSION) | has marked | | The world | near A |
| 130 | SAPE S | 130 S | MANUSON | 1864 KPINSINGTO | YES NO | 11a STREET ADDRES | PNNI | 132-Rd |
| 0 | # NA 9 - | 14 E/ | ATHER'S NAME | I COSTO I | TS. MOTHER'S MAIL | EN NAME | | 0012 |
| 2 | F-189867 | | FIRST MIDDLE | LAST | FIRST | MIC | DOLE | LAST |
| ORE | 885 | | Ernest M. | Clark | Jessie | 2. M | | Thomas |
| 100 | E 908 | 160. V | WAS DECEASED EVER IN U.S. ARMED FORCE YES, NO, OR UNKNOWN) | 16b. SOCIAL SECURITY NO | 17 INFORMANT | Sister | ADDRESS 880 (| West Side Dr. |
| 130 | 10 / | | No | 218-38-8849 | Carolun | I. Morton | Gaithersby | ura Md 20878 |
| 1.3 | 理」差 | | T& CAUSE OF DEATH (Enter only one cause | e per line far (a), (b), and (c).) | | | | APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH |
| 1 | 97952 | | PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (| Myocan | dial 1 | n tand | non | minudes |
| 0 | SEGRES | | | TO, OR AS A CONSEQUENCE OF | | | | |
| 9 | A PER | | Canditians, if any, which | ALTO acolo | 10the Cam | dingeral | - 1.100 | do |
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| | XECU JG. I AND AND ATIO | | CONTRACTOR | | | | | |
| RECORDS | OULD BE EXECUTED WITH STATE OF THE SET AND MENT SED AS A BURIAL THE SED AS A BURIAL THE HEALTH AND MENT AL, CREMATION, OR | 2 | PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING | TO DEATH BUT NOT RELATED TO THE TERMINAL (| DISEASE OR CONDITION GIVEN IN I | PART I (a). | | |
| C | MEDINA MEDICA MEDICA ASA B EALTH A | CERTIFICATION | THE RESERVE OF COURSE OF C | | | | | |
| 7 | SHOULD SH | 2 | 190. DATE OF OPERATION | CONDITION FOR WHICH OPERATIO | IN WAS PERFORMED? | | | 20 AUTOPSY? |
| 5 | SHOP SHOP THE PROPERTY OF THE | J E | NA | | | To lot 18 m | | YES NO. |
| , o | ATE WEN WEN | 1 | | TIME OF INJURY DUR A.M. MONTH DAY YEAR | L. HOW INJURY OCCURE | RED LENTER NATURE OF INJU | RY IN ITEM 18 PART 1 OR PA | RT 2) |
| N | 510958 | 1 | UNDERLYING OR CONTRIBUTING CAUSE OF DEATH | P.M. 19 | NIA | | | |
| DIVISION OF VITAL | CERTIFICATE SHOUD SITING THE WORD "PEI ROBED TO THE CHIEF M E 3 SHOULD BE USED A E 18 SHOULD BE DEPARTMENT OF HEA DI PRIOR TO BURIAL, O | MEDICAL | 21d INHURY OCCURRED 21e | | f. LOCATION | | | |
| á | WARDED WARDED PAGE 3 SI TATE DEP | 2 | WHILE NOT WHILE S | TREET, FACTORY, FARM, ETC) | STREET | CITY OR TOW | 4 COU | UNIY STATE |
| | HY A A A I | | AT WORK | | | TX. | | |
| | L EXAMINER: E CERTIFICATE DUID BE FORY L DIRECTOR: H, WITH THE S MARYLAND, | | 220. I certify that I took charge of the ren | neins described obave, held on A | utapsy , Inspect | on . Inquiry | , ond in my ap | nian |
| | MER FE | | deoth resulted fram. Notural causes | Accident . Suicidia | Hamicide | Undetermined man | ner . | |
| | EXAMI CERTIF DID BE DIREC WITH WARYL | | 710 | Ortook | MITLE (SPECIFY) | | | 51.1. |
| | A FE | 1 | ACTUAL SIGNATURE | secore in | MOHERUT | 1_MEDICAL EXAMI | NER SIGNE | 02/25/5 |
| | MEDIC CUTE THE SE 4 SP FUNER FUNER FROMER | 1 | EXAMINER'S NATE 1 | N-1/ 41 | N /12.2 | 6.00 | . 1111 | -41-111 . N |
| | TO MEDI EXECUTE PAGE 4 1 TO FUNE AFTER DE BALTIMO | - | (TYPE OR PRINT) | DEVORT NI | DADDRESS 43 | CHOCKARS! | IRU KOMY | ralpuille MI |
| | TO MEDICAL EXAM EXECUTE THE CERTIF PAGE A SHOULD BI TO FUNERAL DIREC AFTER DEATH, WITH BALTIMORE, MARYL | 23a.B | URIAL, CREMATION, REMOVAL 236 DATE | 23c NAME OF CEMETE | RY OR CREMATORY | 23d. LOCATION | | AUTY CZASE |
| 07/84 | BP | (: | Burial 03/25/ | 87 Fort Lincol | n Comototi | | Dr Coa | |
| 25M | The state of the s | 24 F | | Callins, Ir. | 250. DATE | Brentwood REC'D. BY REGISTRAR | 256 REGISTRAR'S 5 | Maryland |
| | DHMH - 17 (VR A15 ME (5)) | 100 | | assisters, Jr. | MAR | | Julia Dividers | n-Kandalle |
| | (44 MIS WE (3)) | 150 | 00 University Blvd. W | . Silver Spring. | Md. | | 1 | |



FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR 2a. DATE OF DEATH MONTH DECEASED NAME AMIDDI F FREDERICK DOUGLAS CLARK TYPE OR PRINTI MARCH 24 1987 3 SEX 4 RACE 5. DATE OF BIRTH 6. AGE LIN YEARS LAST BIRTHDAYS IF UNDER 1 YEAR MONTH MALE BLACK SEPTEMBER 1 1961 TO BIRTHPLACE I STATE OR FOREIGN Th CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED NEW YORK UNITED STATES MONTGOMERY WIDOWED DIVORCED | JO CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 12h, KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFE (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) INDUSTRY BETHESDA NAVAL HOSPITAL RETIRED U.S. NAVY USUAL RESIDENCE (IF NURSING NOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS / ZIP CODE NEW YORK NEW YORK 1909 AMSTERDAM AVE YES [] NO 1 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME FREDERICK DOUGLAS CLARK MARION MERRITT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 1166 SOCIAL SECURITY NO 17. INFORMANT 1978-1986 103-52-3482 MARION M. CLARK, 1909 AMSTERDAM AVENUE, NEW YORK, NEW YORK 10032 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c),) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) ACUTE MYELOGENOUS LEUKEMTA DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 90 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOIN YES [210. ACCIDENT WAS UNDERLYING 716 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 19 21d INJURY OCCURRED 71e PLACE OF INJURY 211. LOCATION CITY OR TOWN AT HOME STREET FACTORY, OFFICE, FARM ETC) NOT WHILE FEBRUARY 20 10 87 to MARCH 220 I certify that (I) (this haspital) attended the deceased fram_ MARCH 24 19 87 saw the deceased alive an MARCH 24 above, (I) (did) (did not) view the body after death and that in (my) (aur) apinian death accurred an the date and have and from the causes stated 17 SIGNATURE DEGREE PHYSICIAN DIRECTOR PHYSICIAN THE PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS NAVAL HOSPITAL G. CALLEJA, LCDR, MC, USNR BETHESDA, MD 20814-5011 23c NAME OF CEMETERY OR CREMATORY THE BURLAL CREMATION REMOVAL 23b. DATE

(VRA 15, 4)

STATE OF MARYLAND

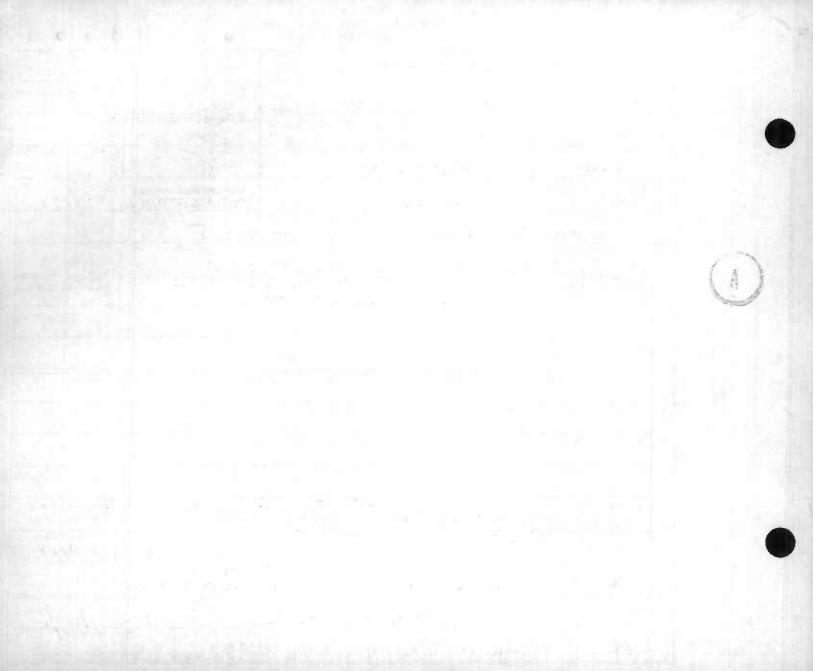
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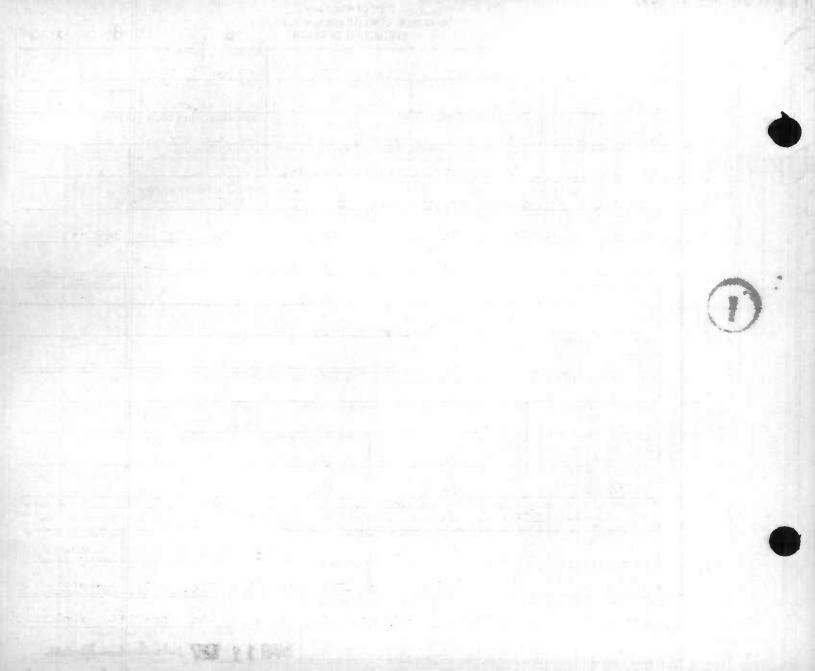
NO [

COUNTY

22c DATE SIGNED

LAST





| | 1 - | FOR STATE REGISTRAR | | DEF | ARTMENT OF | E OF MARYLAND BEALTH AND MENTAL HYG FICATE OF DEATH | BIENE B REG. NO. O | 8 5 6 6 |
|----|--------|---|--|----------------------|-----------------|---|---|---|
| Ra | | CEASED NAME | emend | MIDDLE L | Clow: | sec. | 20 DATE OF DEATH MONTH DA | 87 450 AM |
| | 3. SE | Male | \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ | | | | 68 YRS. | FUNDER I YEAR IF UNDER 24 HRS |
| 3 | | RIHPLACE (STATE OR FO COUNTRY) Virginia | USA | | MARRIE | | Mon towner | 4 MD. |
| 0 | B | ethisda | (IF NOT | 5 U burk | STREET ADDRESS) | DR OTHER INSTITUTION | 126. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) Teacher | th Kind of Business or Industry Education |
| 5 | 13a. S | Md. | NG HOME OF OTHER INSTITUTES IN THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY IN | 13c. CITY OF | RTOWN | 13d. INSIDE CITY LIMITS? | 13e STREET ADDRESS / ZIP CODE 631 Marcia Lane | 20851 |
| 5/ | | Leslie | WIDOLE | Clowse | r | 15. MOTHER'S MAIDEN NA Oneta | WIDDLE | Stotler |
| 1 | | WAS DECEASED EVER | N U.S. ARMED FORCE (IF YES, GIVE WAR OR DA | 1661 | 2-5733 | Fern Clowser | , 631 Marcia Lane | , Rockville, Md |
| ' | | 18 CAUSE OF DEATH PART I. DEATH W. | AS CAUSED BY: IMMEDIATE CAUSE (| 2. | nchog | onic Coro | 'inome | BETWEEN ONSET AND DEATH |
| | | Conditions, if any, gove rise to imm cause (a), stating underlying cause | ediate DUE 1 | b) O, OR AS A CON | SEQUENCE OF | | | |
| | LION | PART 2. OTHER SIGN | les mu | NS CONTRIBUTION | G TO DEATH BUT | NOT RELATED TO THE TERM | NINAL DISEASE OR CONDITION GIVE | N IN PART 11a |

200 AUTOPSY? 206 IF YES, WERE FINDINGS USED 9a DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? NOF YES [NO [210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 19 211 LOCATION 21d. INJURY OCCURRED 21e PLACE OF INJURY CITY OR TOWN COUNTY STATE (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE AT WORK 22a. I certify that (I) (this hospital) attended the deceased from saw the deceased alive on, and that in (my) (aur) apinian death accurred on the date and hour and from the causes stated abave, (1) (we) (did) (did not) view the bady after death. 226 SIGNATURE DEGREE 22c. DATE SIGNED

22e ADDRESS

23¢ NAME OF CEMETERY OR CREMATORY

0

10

DHMH - 16 60M 7/84

rould be detach

MPORTANT

O FUNERAL

CERTIFIC

MEDICAL

22d PHYSICIAN'S NAME I

23a BURIAL, CREMATION, REMOVAL

Burial

(SPECIFY)

24 FUNERAL DIRECTOR Berkeley Springs, Helskey-Johnson F.H. WV 25411 (VRA 15, 4)

OR PRINT)

236 DATE

3/22/87

150

Greenwood Cemetery Berkleve Springs, Morgan 250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE MOOZ

STATE

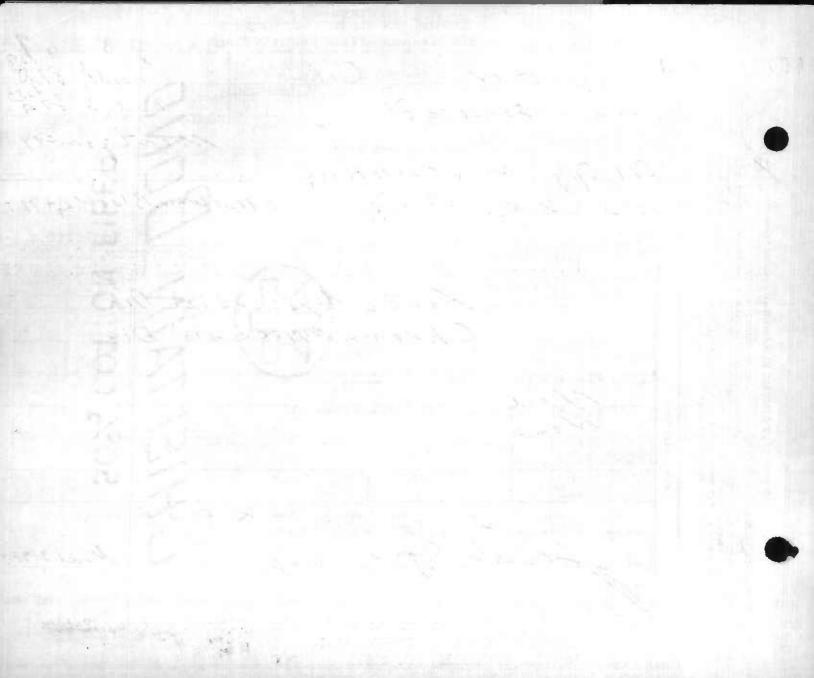
COUNTY

CITY OF TOWN

ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN

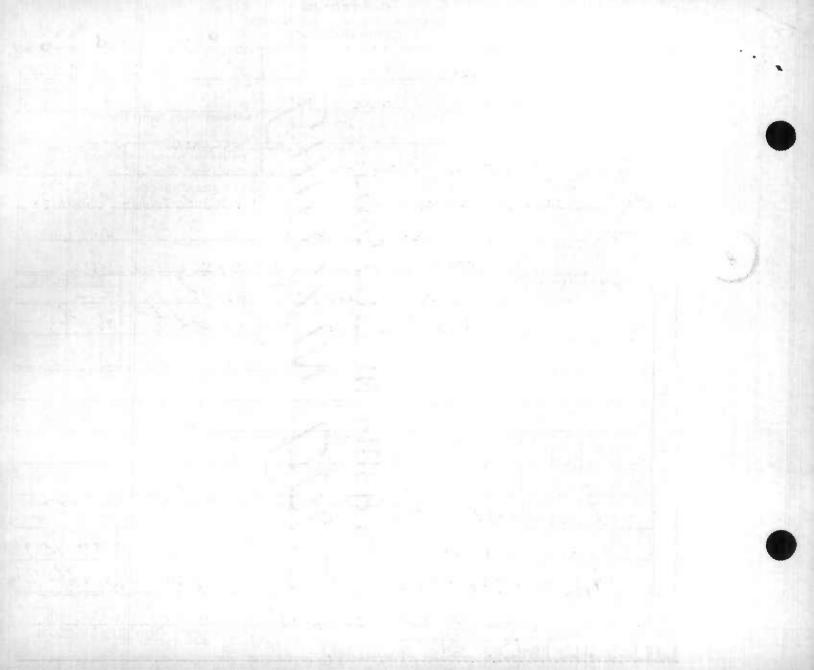
23d. LOCATION

| | | 1 | FOR | | | OF MARYLAND | HVOITHE | | |
|-----|---|---------------|---|----------------------------------|---------------------------------------|---------------------------------|--|------------------------------|-----------------------------------|
| | | 1- | FOR STATE | ME | DICAL EXAMINE | EALTH AND MENTAL | OF DEATH | .0 0 : | 7 |
| | 0.00 | T. DE | REGISTRAR CEASED NAME FIRST | 7712 | MIDDLE | LAST | REG. | - V | AR Districts |
| 4 6 | Z 8.9 JUSP - | 9 87 | PE OR PRINT) | 14 | | C-6 | OF ESTI- | MONTH DAY YE | 21 75 |
| | LEAS PILES OUR REET | 3. SE. | X 1 Pace | S. DATE OF BIRTH | 6. AGE (IN YEAR | IF UNDER I YR. IF UNDER | R 24 HRS 20 DATE | MONIH DAY | EAR 21 HOUR |
| | POREC | | Male Ciki | MONTH DAY | YEAR LAST HIRTHDAY) | MONTHS DAYS HOURS | MIN PRONOUNCED DEAD | 21663 100 | مر مرام |
| 15 | SSAR SALE YC HIN: | 70. B | IRTHPLACE (STATE OR | 16 CITIZEN OF W | | MARRIED NEVER MAR | 9 BALTIMORE CITY | OR COUNTY OF DEAT | Н |
| | IS NECESSARY, PLEASE IS NECESSARY, PLEASE IS FUNERAL DIRECTOR SES FOR YOUR FILES. ILED WITHIN 72 HOURS AN WESTON STREET. | | ashington, D.C. | U.S.A. | | WIDOWED DIVOR | | roram | CVYMD. |
| ā" | A PHE PACE S | 10. C | ITY OR TOWN OF DEATH | | PITAL, NURSING HOME, | DR OTHER INSTITUTION | 12e USUAL OCCUPATION (1 | TYPE OF WORK 126 KIND O | F BUSINESS |
| | DELAY IS NE TO THE FUN TO THE FUN | | Sil, Spa | 1401 | y Cve is | Hoop | Business Owne | | |
| | _ (7 - [1 065] /- | 13a. S | AL RESIDENCE (IF IN TURSING HOME TATE 136 COUN | | 131. ONY OF TOWN | 13d. INSIDE CITY LIMITS? | T3e STREET ADDRESS . | (20902) | |
| | AND AND SHOULD RETAIN | | and M | ont | 0.1.10 | YES NO | 1/2/ Whiv, | 13 10 g W. X | pt 11-15 |
| | | 14.7 | ATHER'S NAME FIRST | WIDDLE | LAST | IS. MOTHER'S MAIL | DEN NAME MIDDLE | LAST | |
| | DEATH. | 1 | Nathan | | Cohn | Ida | | Apples | |
| | TIME PARTIES ON | 160. | WAS DECEASED EVER IN U.S. AR | MED FORCES? E WAR OR DATES) | 166. SOCIAL SECURITY I | And the second | | Spring, Md. | |
| | LRS AFTER 8. GIVE PA WITH FOR WITH FOR IT. PAGES I. DIVISION | | NO | | 577-16-415 | Ann Tabb | Cohn;Wife;1121 | | |
| | ST | | T8 CAUSE OF DEATH (Enter or PART I DEATH WAS CAUSE | nly one cause per line ED BY: | for (a), (b), and (c),) | 1. | , , , | | IMATE INTERVAL ONSET AND DEATH |
| | S MAGERIA | | IMMEDIA | TE CAUSE (o) | AS A CONSEQUENCE OF | Myoc | JAGIAL | 1151 | |
| | AND | | Conditions, if any, which | | AS A CONSCOUENCE OF | . 11 | - / - 1 | ni | |
| | * HOWERE | | gave rise to immediate cause (a) stating the under | | AS A CONSEQUENCE OF | 1 c /01 4 5- | cendial | 21-8 | |
| | TO BANK | | lying cause last. | J 500 10, 5K | AS A CONSCOUNTED OF | | | | |
| | AND | | PART 2 OTHER SIGNIFICANT CONDITIONS | CONTRIBUTING TO DEATH | BUT NOT RELATED TO THE TERMINA | I DISEASE OR CONDITION GIVEN IN | PART 1 in | | |
| | ITAL RECORDS HOULD BE EXENDED CHEF MEDICAL CHEF AEDICAL COF HEALTH IRIAL, CREMA | Z | 11/ | 4 | | | ANT T'U | | |
| | | CERTIFICATION | 190. DATE OF OPERATION | T96. CONDIT | TION FOR WHICH OPERA | ION WAS PERFORMED? | | 20 AUTO | PSY? |
| | F VITAL R E SHOULD WORD "PI BE CHIEF / BE USED ENT OF HE | E | 1004 | 20 | | | | YES | O NO D |
| | SUNSION OF VITA | S S | 210 EXTERNAL CAUSE WAS | 21b. TIME OF | INJURY | 21c. HOW INJURY OCCURE | RED LENTER NATURE OF INJURY IN ITEM | 18 PART I OR PART 2) | |
| | S THE CONTRACTOR | 15 | UNDERLYING OR CONTRIBUTING CAUSE OF | | | | | | |
| | S CERTIFIC RITING TH RDED TO SE 3 SHOU IF DEPART | MEDICAL | 21d INJURY OCCURRED | | OF INJURY (AT HOME, TORY, FARM, ETC.) | 211 LOCATION STREET | CITY OR TOWN | COUNTY | STATE |
| | DIN E, THIS C RE, WRIT RWARDE RWARDE STATE STATE O, 21201 | 1 | WHILE NOT WHILE AT WORK | | | | | 200111 | JIAIL |
| | ATE, T ORW ORW FE ST FE ST | | 220. I certify that I taak char | ge of the remains des | cribed above, held an | Autopsy . Inspects | an Inquiry . | and in my opinion | 142 |
| | EXAMINER: CERTIFICATE AUD BE FORV DIRECTOR: IS, WITH THE S MARYLAND, | | death resulted from: Natu | orol causes | Accident Suici | de , Homicide | Undetermined manner |], | |
| | MAR. | | ACTUAL / | 00 | 1 Comes. | TITLE (SPECIFY) | | 1. | 10 |
| | AAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAA | - | SIGNATURE | 3 | To | M.D. Day | MEDICAL EXAMINER | SIGNED | 27907 |
| | MEDIA CUTE FUNE TIMO | | EXAMINES NAME | | | | | | |
| | TO MEDICAL E. EXECUTE THE C. PAGE 4 SHOUN AFTER DEATH, V. BALTMORE, M. | 12- 0 | URIM, CREMATION, REMOVAL | 271 0 475 | In was or cour | ADDRESS | 123d LOCATION | | |
| | | | Burial | 3/4/87 | | TERY OR CREMATORY | STY OR YOWN | (000H) | STATE |
| | 07/84 BP | | | | Judean Mer | morial Garden | the second secon | One IV | aand |
| | DHMH - 17 | 24 F | UNERAL DIRECTOR DANZAN | CIVIL_COT DID | TATAMENT TOTAL | CHADET C 1359 RATE | RECYCLE BEATTERS THAT THE | CHARLETT S. STATE PART LINES | |



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG NO 20. DATE OF DEATH MONTE DECEASED NAME (TYPE OR PRINT) ELLIOTT 11 EM AN 4 RACE 5 DATE OF BIRTH A. AGE LIN YEARS LAST BIRTHDAY IF UNDER I YEAR 3 SEX May 21, 1913 White Male 74 BALTIMORE CITY OR COUNTY OF DEATH 7g. BIRTHPLACE I STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? MARRIED ANEVER MARRIED MONTGOMERY U.S.A. Dublin, Ireland WIDOWEDER DIVORCED [ID. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 126 KIND OF BUSINESS OR Hebrew Home of Greater Washington Store Owner (Ret. Home Appliances Rockville USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION 130, STATE 13d. INSIDE CITY LIMITS? Rockville 6121 Montrose Road (20852) Montgomery Maryland YES X NO [14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE Coleman MIDDLE Fannie Abromovitch Marcus ADDRES Durg, Md. 146 SOCIAL SECURITY NO. MAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT YES NO OR UNKNOWN) 577-54-0379 Marcus Coleman: 460 W. Deerpark Road: Gaithers APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and a PART I, DEATH WAS CAUSED BY: MONTH IMMEDIATE CAUSE (0) DUE TO, OR AS A CONSEQUENCE OF CHRONIC DISSTRUCTIVE LUNG DISEASE MAN Conditions, if any, which gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost. ATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART LIG PART 2. OTHER SIGNIFICANT CONDITIONS SMOKING 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS LISED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NOX NO [21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18. PART 1 OR PART 2) DAY YEAR HOUR A.M. MONTH OR CONTRIBUTING TO CAUSE OF DEATH LIF EITHER NOTIFY MEDICAL EXAMINER) 19 P.M 21d. INJURY OCCURRED 21e, PLACE OF INJURY 211. LOCATION CITY OR TOWN COUNTY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STATE NOT WHILE 220.1 certify that M (this hospital) oftended the deceased from sow the deceased alive an and that in (my) (our) opinion death occurred on the date and hour and from the causes stated obove, (1) (we) (did) Leid not) view the bady after death 27b. SIGNATURE DEGREE ATTENDING MEDICAL DIRECTOR PHYSICIANA 224. PHYSICIAN'S NAME (TYPE OPERINT) 22e ADDRESS should be RD KOCKVILLE 231. NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, REMOVAL 23b DATE Burial 3/31/87 Star of David Mem. Gdns. N. Lauderdale: Brown Fla. BP. 24 FUNERAL DIRECTOR DANZANSKY-GOLDBERG, MEMORIAL CHAPELS DHMH - 16 50M 4/82 (VRA 15, 4) 1170 Rockville Pike; Rockville, Md. 20852





(VRA 15, 4)



046895 1

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH REGISTRAR REG. NO 1. DECEASED NAME MIDDLE 2a. DATE OF DEATH MONTH 26 HOUR LITYPE OR PRINTI 12: KOGER COX MARCH 3 SEX 4 RACE 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER 24 HRS MONTH YEAR DAY MALE 1935 WHITE TO BIRTHPLACE (STATE OR FOREIGN Th CITIZEN OF WHAT COUNTRY 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED A NEVER MARRIED CANADA WIDOWED DIVORCED [MONTECHERY COUNTY 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 10 CITY OR TOWN OF DEATH 126 KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY SILVER SPRING U.S. BEL PRE HEALTH CARE 136 COUNTY 13e STREET ADDRESS / ZIP CODE 13d INSIDE CITY LIMITS? MARYLAND MONTGOMERY BETHESDA EWING DR 4 FATHER'S NAME 15. MOTHER'S MAIDEN NAME ANIDDLE MIDDLE THOMAS NORTON AGNES 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 17 INFORMANT ADDRESS (YES NO OR UNKNOWN) (IF YES GIVE WAR OR DATES) 265-46-774 9207 EWING DR 18 CAUSE OF DEATH Enter only one cause per line far (a), (b), and PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Canditions, if any, which gave rise to immediate cause (o), stoting the DUE TO, OR AS A CONSEQUEN underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN CERTIFICATION 190. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO YES [21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM IS PART) OR PART 23 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH WEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 19 21d INJURY OCCURRED 21f LOCATION 21e PLACE OF INJURY CITY OR TOWN STATE AT HOME STREET, FACTORY, OFFICE FARM ETC) STREET NOT WHILE WHILE 220 I certify that (I) (this hospital) attended the deceased from saw the deceased alive on___ and that in (my) (aur) apinion death occurred on the date and hour and from the causes stated 22b. SHOPPING DEGREE 22c DATE SIGNED ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN [22e ADDRESS BENACH KAYMOND 4115 COLIE MD

DHMH - 16 60M 7/84 (VRA 15, 4)

ld b

00

BURIAL

236 DATE

23c. NAME OF CEMETERY OR CREMATORY

ARUNGTON NATIONAL CONGOLU

23d. LOCATION ARUNGTON

STATE COUNTY

24 FUNERAL DIRECTOR

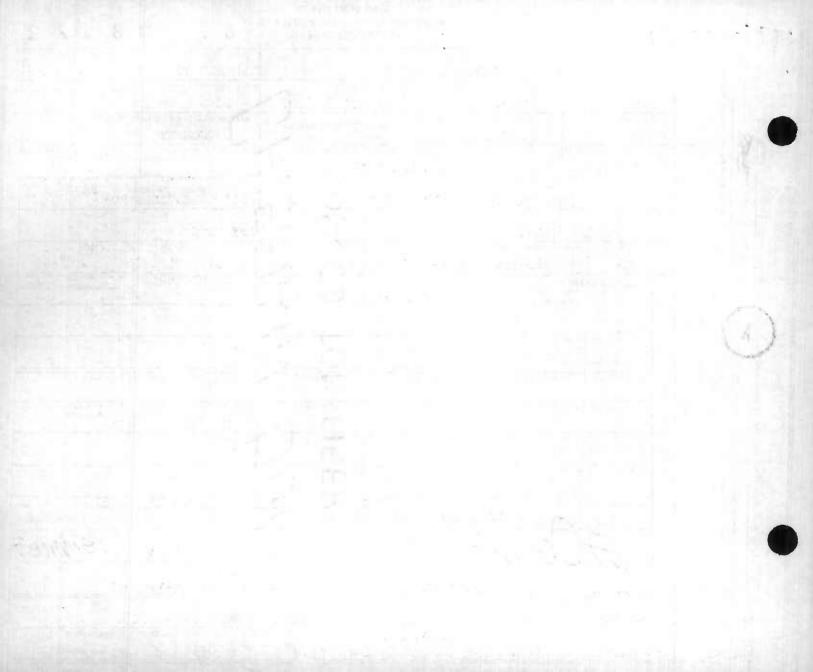
23a. BURIAL CREMATION, REMOVAL

250 DATE RECID. BY REGISTRAR 256. REGISTRAR'S SIGNATURE CHAMBERS CO., INC. 8655 GEORGIA AUG. SILVER SPRING MI

The state of the s

| 4.8 | 04.8 | HAR 2 | 187 | STATE 4/24/87 | sjb | DEPART | | EALTH AND MENTAL HYG ICATE OF DEATH | IENE 8 PREG. NO | 0 | 8 5 | 7 2 | | | |
|---------------------------|--|-----------|---------------|--|------------------|-----------------------------------|------------------|---|---|----------------|--------------|---------------------|--|--|--|
| | | | | CEASED NAME FIRST | | MIDDLE | ι | AST | 20 DATE OF DEATH | MONTH DAY | Y YEAR | 26 HOUR | | | |
| | poge 3 | | (ITPE | | | YSIUS CRA | | | MARCH 17 | | | 6:55 A | | | |
| | Ter p | 250 | 3 SE | X | 4 RACE | | 5. DATE C | | 6 AGE (IN YEARS LAST BIR | THDAY) IF | UNDER I YEAR | HOURS MIN. | | | |
| | ge 4 | | 1 | MALE | CAUCAS | IAN | JAN | UARY 19 1897 | 90 | YRS | | | | | |
| | Po dir | 34 | | RTHPLACE (STATE OR FOREIGN | 76 CITIZEN OF | WHAT COUNTRY? | 8 | NEVER MARRIED | 9. BALTIMORE CITY O | R COUNTY O | FDEATH | | | | |
| | 72 of 72 of | 12 | | HIO | UNITED | STATES | WIDOWE | | MONTGOME | RY | | MD | | | |
| | \$ 10 m | 10 mm | 10 C | TY OR TOWN OF DEATH | | | IG HOME C | R OTHER INSTITUTION | 120 USUAL OCCUPATI | ON | 125 KIND C | OF BUSINESS OR | | | |
| | も利力 | () | 1 | BETHESDA | (IF NOT IN SU | CH FACILITY, GIVE STREET NAVAL H | | AL. | (TYPE OF ON END MOST O | . 77 | ING PARY | | | | |
| 120 | ours of fi | P P | ÜSÜ | AL RESIDENCE (IF NURSING HOME OF | | GIVE RESIDENCE BEFORE | ADMISSION) | | Group Head | | Audit | 0,00 | | | |
| MARYLAND 2 | filled filled | 5 | MAI | | GOMERY | SILVER S | | 13d. INSIDE CITY LIMITS? YES ☐ NO 【】 | 8811 COLES | VILLE I | ROAD#6 | ⁰⁹ 20910 | | | |
| ARYL | withii oletely od 2 sł | 1 | 14. F.A | ATHER'S NAME | MIDDLE | LAST | | 15 MOTHER'S MAIDEN NAM | MIDDLE | | LA | ST | | | |
| | Ded E | <u> </u> | | CHARLES CRA | | In contract | - Control of the | | MARY MESS | cV o.t. C | ha ta i u a | | | | |
| BALTIMORE | exec ond oges | edico | | VAS DECEASED EVER IN U.S. AR | VE WAR OR DATES) | | | 17 INFORMANT WILLE | | oever S | | | | | |
| NE . | rs. Pe | E e | | | 5-1940 | 577-56- | | MARCIA F.CRAN | | | | | | | |
| | ysic | ±. | | 18 CAUSE OF DEATH (Enter of PART I, DEATH WAS CAUSE | nly one couse pe | | | | PRING, MD 2 | 0910 | BETWEEN | ONSET AND DEATH | | | |
| ST., | 1 00 | ī | 16 | PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) RESPIRATORY FAILURE | | | | | | | | | | | |
| PRESTON | (. N | ote | | DUE TO, OR AS A CONSEQUENCE OF | | | | | | | | | | | |
| EST | #A EL | D. | | Conditions, if any, which gove rise to immediate | (b)_ | | | | | | | | | | |
| 4 | | 1 | | couse (o), stoting the | DUE TO, C | OR AS A CONSEQUE | ENCE OF | | | | | | | | |
| 201 V | # A 8 0 | - B | | underlying cause lost (c) | | | | | | | | | | | |
| | equires n signe Then pl | injury, o | NO | PART 2. OTHER SIGNIFICANT | CONDITIONS C | ONTRIBUTING TO | DEATH BUT | NOT RELATED TO THE TERM | INAL DISEASE OR CON | DITION GIVEN | V IN PART T | 0, | | | |
| DIVISION OF VITAL RECORDS | n. nos bee permit. | ws ony | CERTIFICATION | 19a DATE OF OPERATION | 196 CONE | DITION FOR WHICH | OPERATIO | N WAS PERFORMED | 200 AUTOPSY? 206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES X NO YES X NO | | | S OF DEATH? | | | |
| IA | sicro are are | sho | ERT | 21a ACCIDENT WAS UNDERLYING | 7 216. TIME | OF INJURY | | 21c HOW INJURY OCCURR | | | - | 110 | | | |
| P V | phy phy liftic | 18 E | | OR CONTRIBUTING CAUSE OF DE | AIN . | .M. MONTH D | | | | | | | | | |
| NO | YSK ding s cer | the the | MEDICAL | (IF EITHER NOTIFY MEDICAL EXAMINE 21d INJURY OCCURRED | | OF INJURY | 19 | 211 LOCATION | | | | _ | | | |
| VISIO | O PH offen offer the | opey | ME | WHILE NOT WHILE D | | TREET, FACTORY, OFFICE, F | ARM, ETC) | STREET | CITY OR TO | WN | (OUNTY | STATE | | | |
| ō | A A A | OE | | 22a I certify that (I) (this hosp | ital) attended t | he deceased from | MARC | H 4 10 87 | to MARCH | 17 10 | 87 | that (I) (we) last | | | |
| | TEN TO OR | I IS | | sow the deceased whe or | MAR | CH 17 19 | 87 . or | d that in (my) (our) opinion o | death accurred on the de | ate and hour a | | | | | |
| | AT AT RECI | E | | obove Hywe) (d/d) (d/d no | of) view the bod | y ofter death. | | DEGREE | | | | SIGNED | | | |
| | AL OF | T: If # | 53 | an D | UA | - 40 | | ATTENDING PHYSICIAN | MEDICAL STAI | | 18 | MANOT | | | |
| | SPIT A by | NA / | | 22d Parke MAN S MANUE TYPE | OR PRINT) | 7 | | 22e ADDRESS NAVA | L HOSPITAL | | | | | | |
| | TO HOSPITA refained by TO FUNERA should be de | MPORTANI | | T. A. DOWGIN | I. I.T. N | IC. USNR | | | ESDA, MD 20 | 814-50 | 11 | | | | |
| | 5 pe 5 pe 5 | 3/ | | BURIAL, CREMATION, REMOVAL | | | NAME OF C | EMETERY OR CREMATORY | 23d LOCATION | | | | | | |
| | BP | | | Burail | | | | eek Cemetery | Washingto | n. D.C | OUNTY | STATE | | | |
| | | | | | | Collins, | | | REC'D. BY REGISTRAR | 25b. REGISTRA | AR'S SIGNAT | TURE | | | |
| | DHMH - 16 60. (VRA 15, | | 50 | O University Bu | | | | ng, Md. | 0.7.4007 | 10/114 | 7B | ndesse | | | |
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STATE OF MARYLAND



1 - STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

| 57 | 07 | REGISTRAR | | | | CERTIFIC | CAIL OI D | | REG. NO. | | | | |
|----|---------------|--|----------------|--|---|-----------|--|-----------------|--|----------------------|-----------------|-------------|----------|
| 4 | | CEASED NAME | FIRST | ٨ | AIDDLE | Ü | 151 | | 20 DATE OF DEATH | MONTH D | AY YEAR | 2b. HOUI | R |
| | | | Roger | | Vilson | | aley | | Mar. | 22 | 1987 | 61 | A. M |
| Ш | 3. SE) | X | | 4 RACE | | 5. DATE O | | VEAR | 6 AGE (IN YEARS LAST BIRT | | ONTHS DAYS | HOURS | 24 HRS |
| J | | Mal | Le | Whi | te | Nov. | 26 | 1921 | 65 | YRS | | | |
| 7 | | RTHPLACE (STATE OR | FOREIGN | Th CITIZEN OF | WHAT COUNTRY? | 8. | NEVER A | AARRIED | 9 BALTIMORE CITY O | COUNTY | OF DEATH | - | |
| | W. | ashington, | | USA | | WIDOWE | D DI | VORCED [| Montgome | | | | MD. |
| 7 | V/ | ilver Spri | | (IF NOT IN SUC | HOSPITAL, NURSIN HFACILITY, GIVE STREET Vhitney S | ADDRESS] | R OTHER INST | | 12e USUAL OCCUPATION ITYPE OF WORK FOR MOST OF Installer | | | Tel | |
| 5 | 13a. S M. | al residence (# NUR STATE ary land | 136 COUN | | 13c. CITY OR TOW | N 1 | YES X | NO □ 92 | 13e.STREET ADDRESS / 24 Whitney | ZIP CODE | 209 | 01 | |
| N | | THER'S NAME FIRST | | AIDDLE | LAST | 1.3 | 15 MOTHER'S | MAIDEN NAM | WIDD!E | | LAS | 1 | 1.0 |
| | | Roger | | ward | Crale | У | | Myrtle | Eth | el | | son | |
| | | VAS DECEASED EVER | | AED FORCES? | 16b. SOCIAL SECU | RITY NO. | 17. INFORMA | NT | ADDRE | SS | | | |
| 4 | , | yes | (11 163, 0146 | 577-22-6334 Gladys D. Craley-wife- (same | | | | | | | ne as 13e) | | |
| i | | II CAUSE OF DEAT | TH Enter anl | y one cause per | line far (a), (b), and | dicul . | | | | | BETWEEN | MATE INTER | VAL |
| | | PART I. DEATH W | | D BY: E CAUSE (a) | Respir | ators | 1 AI | erest | Ann. | | iron | e Lea | 40 |
| | | March 1 | | | R AS A CONSEQUE | NCEOE | | , | | | | -0 | |
| | | Canditions, if any | which | 6 ,6 | Smu | TO C | .00 | lina | Cancer | | 8 | mo | |
| 4 | | gave rise to im- | mediate |) (0) | | - | | 1 | | | | | |
| П | | cause (a), statii underlying cause | | DUE TO, OF | R AS A CONSEQUE | NCE OF | | V | | | | | |
| | | | | (c) | | | | | | | | | |
| | z | PART 2 OTHER SIG | NIFICANTC | ONDITIONS CC | DATRIBUTING TO L | DEATH BUT | NOI RELATED | TO THE TERM | INAL DISEASE OR CONI | DITION GIVE | N IN PART 1 | ٥ | |
| d | CERTIFICATION | 9a DATE OF OPERA | TION | 19h CONDI | TION FOR WHICH | OPERATION | N WAS PERFO | RMED | 20a AUTOPSY? | 20b. IF YES | WERE FINDIN | NGS LISER | |
| 1 | HC. | THE DATE OF GIVENING | | 176. CO. 101 | norrow without | O, ENAMO | · ···································· | WILD. | | ING CAUSES OF DEATH? | | | |
| ч | BRT | 21a. ACCIDENT WAS UN | DEBINING C | 21b, TIME O | E INTITION | | 121. HOW/IN | ILIDY OCCUPD | YES NOXX | | | NO [| |
| U | 1000 | OR CONTRIBUTING | | | M. MONTH DA | YEAR | ZIE HOW IN | JURY OCCURR | ED (ENTER NATURE OF INJUR | Y IN ITEM TB PA | RT 1 OR PART 2) | | |
| | G | (IF EITHER NOTIFY MED | ICAL EXAMINER) | P./ | | 19 | | 42.91 | | | | 1 - 1 | |
| | MEDICAL | 21d INJURY OCCUR | | | CE OF INJURY E, STREET, FACTORY, OFFICE, FARM, ETC.) 211 LOCATION STREET | | | | CITY OR TO | VN | COUNTY | 51 | TATE |
| П | 2 | RK NOTW | CRK C | | er | 4. | | | | 7 | | | |
| Н | 0 | 22n I certify that (I' | (this hospit | al) attended the | deceased fram_ | 100 | ig | 19 86 | 2, 10 Muno | 4221 | 9.82 | that (I) (w | ve) last |
| H | | saw the deceas | ed alive on. | Muco | 1 /8 19 | 87. an | d that in (my) | (aur) opinian d | leath accurred on the do | te and hour | and from the | couses sta | ited |
| 'n | | abave, (1) (we) (22b. SIGNATURE | aia) (aia nat | view the body | after death. | | EGREE | | | | 22c. DATE | // | |
| | | 2 4 | in h | 1-1/2 | 5 | 200 | | TTENDING | MEDICAL STAF | | 3/2 | 2./8 | 7 |
| 1 | | 22d PHYSICIAN'S N | AME TIME OF | PRINTI | | In. | 22e ADDRES | PHYSICIAN K | DIRECTOR PHYSIC | IAN 🗌 | 17/2 | 1 | |
| | | | | | 17 | | | | | | | | |
| | | | | Barr, 1 | | | | | Pk. Dr. S. | S. Md. | 2090 | 2 | |
| | - 1 | BURIAL, CREMATION, | , REMOVAL | 236 DATE | | | EMETERY OR | | 23d LOCATION CITY OR TOWN | | COUNTY | 51 | TATE |
| | Bu | rial | | 3-26- | 1987 Mar | y land | Vetera | | Cheltenha | | P.G. | Md. | |
| | 24 FL | JNERAL DIRECTOR | | | 111800 | NU | A 370 | 25a. DATE | REC'D. BY REGISTRAR | 25b. REGISTR | AR'S SIGNAT | URE | |

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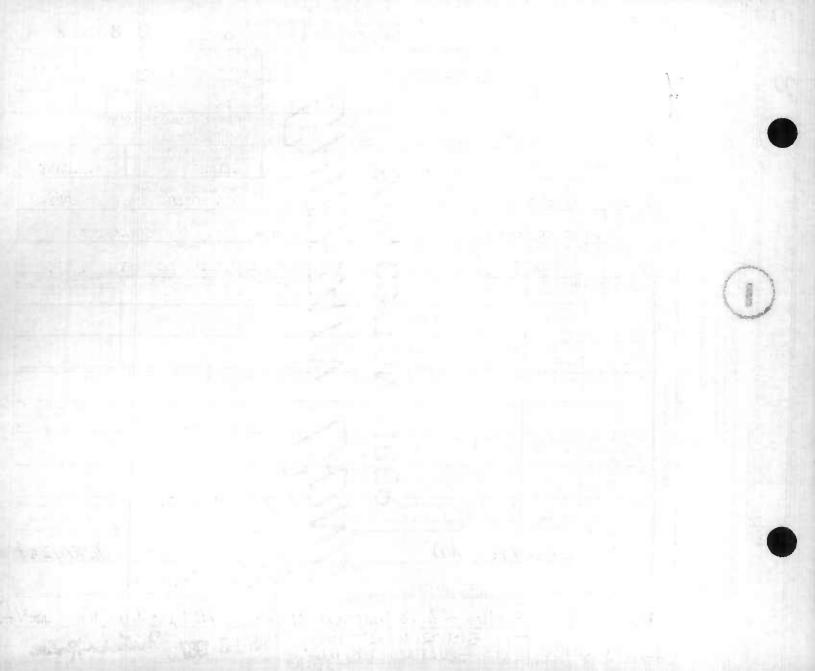
Hines Rinaldi Funeral Home

111800 N.H. Ave., Sil. Spr. Md.

250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE Sa Fridon Panda



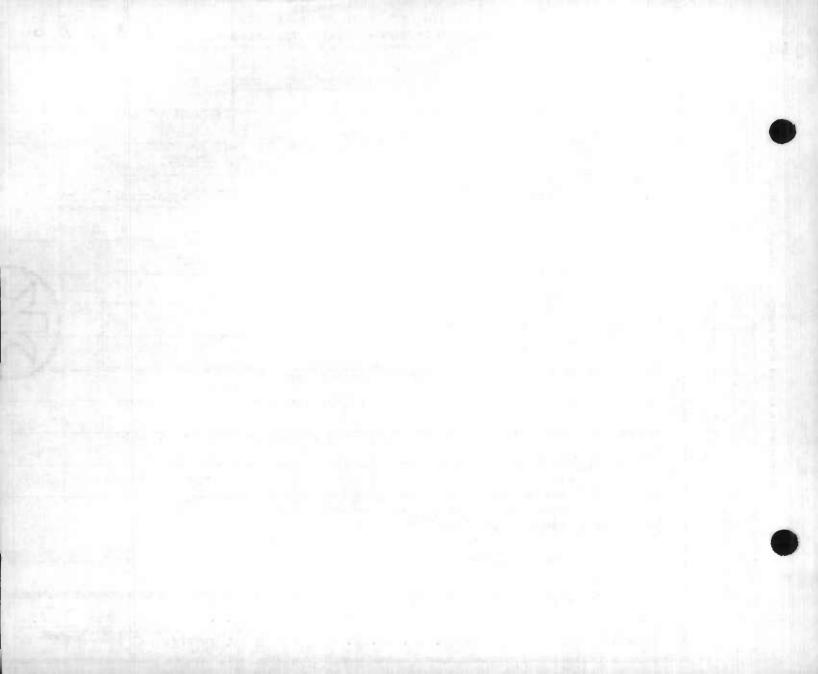
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| | ١. | | | | | | E OF MARYLAND | | | | | | |
|--|---------------|---|------------------------|----------------------------------|---|-----------------|--|------------|-----------------------|---------------------|-------------|----------|------------------------------|
| 8 6 2 K WAR 3 | 1 | FOR STATE REGISTRAR | | | DEPA | | EALTH AND MENTAL | HYGIENE | B IREG | . NO. |) 8 | 5 | 7 5 |
| may be page 3 | | CEASED NAME (OR PRINT) | PAC | E | MIDDLE S, | C | 20 501 | | 3/17 | | DAY | | B:35 PM |
| age 4 ma rector. po | 3. SE | Female | | RACE | | 5. DATE C | | | E (IN YEARS LAS | YR | MONTHS | DAYS | FUNDER 24 HRS |
| funeral d thin 72 ha | V | RTHPLACE (STATE OR FOR COUNTRY) VASh D.C. ITY OR TOWN OF DEATH | | USF | WHAT COUNT | MARRIE | D NEVER MARRIED D NORCED DROTHER INSTITUTION | 1 6 | MONT G | omer | 4 | | MD. |
| by the | 51 | Iver Springs, | Md t | toly | CHEACILITY, GIVE ST | HOSPIT | | C | OF WORK FOR MO | ST OF WORKIN | G LIFE) | | Sov't. |
| should be er must be | 13a. : | | Nont 4 | | 13c. CITY OR T | | 13d INSIDE CITY LIMITS YES NO 1 | 9 | GOL F | SS / ZIP CO | | Ave | 26103 |
| on polete | Wa | arren | E. | | Smith | | Mamie | | міррі | į. | | Edwa | rds |
| on and c | | | U.S. ARMET | | 166 SOCIAL S 218-20 | | Wayne W. | | 32nd St on, Mt. | | ier, l | Md. 2 | 20712 |
| signed by the charters ghi signed by the pattern ghi Then please remuse carbana to burial, crimal njury, ar ather traumatic event | NO | Canditions, if any, w gave rise to immed cause (a), stating | which diate the lost. | DUE TO, O (b) DUE TO, O | R AS A CONSE R AS A CONSE | QUENCE OF | DISEAS | | DISEASE OR CO | ONDITION | 2 | 5 DF | TÉ INTERVAL SET AND DEATH |
| The law read on the law read o | CERTIFICATION | 19a DATE OF OPERATIO | | | | ICH OPERATIO | N WAS PERFORMED | 200 YE | AUTOPSY? | INCE | YES, WERE | AUSES OF | S USED F DEATH? |
| SICIAN: The ng physicic certificate orrol-transit tental Hygical Hygic | MEDICAL CE | 21a. ACCIDENT WAS UNDER! OR CONTRIBUTING CAU (IE EITHER, NOTIFY MEDICAL | ISE OF DEATH | P. | M. MONTH M. | DAY YEAR | 21¢ HOW INJURY OC | CURRED (| ENTER NATURE OF | INJURY IN ITEM | 18 PART TOR | PART 2) | |
| ottendi ottendi frer this os the bo h and M | MED | 21d. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK | | 21e PLACE (AT HOME, STI | OF INJURY REET, FACTORY, OFF | ICE, FARM ETC) | 211 LOCATION STREET | | CITYO | RIOWN | co | YTHU | STATE |
| ATTENDIS ospital or ECTOR: A ECTOR or ced for use of Health or m 21 is mo | | 22a.t certify that (1) (the saw the deceased above, (1) (1) (1) (22b. SIGNATURE | alive an did nat vi | ottended the 2 MA ew the body | e deceased fro KCH 1 after death. | 9. 87 , ar | d that in (my) | nian death | accurred an the | ARC e date and l | | | |
| HOSPITAL OR ined by the her FUNERAL DIR vid be detached the State Design of the State | | 224 PHYSICIAN'S NAM | D G | ZJ | 5/1 | mo | | NG ME | DICAL S ECTOR PHY | TAFF SICIAN [| 11/ | 7 Ma | 1ch 87 |
| CO HOSPITAL eroined by it TO FUNERAL should be de with the Stott | | | _ | 2H M | | | 2309 SHOLET | | | UHEA | MOT | MD | 20902 |
| BP | В | BURIAL, CREMATION, REA SPECIFY) Urial | | 3-20-8 | 7 | George | EMETERY OR CREMATO Washingtor | n Cem | LOCATION CITY OR TOWN | tsville | e, PG | , Mar | STATE |
| DHMH - 16 60M 7/84 (VRA 15, 4) | | RANCIS GAS 39 Baltimore | | | FUNE | RAL HO | ME, PA 250 | DATE REC | D. BY REGISTR | AR 25b. REG | SISTRAR'S S | IGNATUR | E Constant |

SET OF TABUMAN OF THE WORLD STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR PDECEASED NAME 20 DATE KNOWN MONTH DAY 2b. HOUR LIVE ORPRINT ESTI-Marcella K. Crotty 1087 R FILES. HOURS STREET, DEATH MATED 21 4 RACE 3 SEX 5 DATE OF BIRTH 6. AGE (IN YEARS IF UNDER 24 HRS DAY 2d HOUR DATE YOUR STON ST PRONOUNCED 2:15K 24 34 52 Female White DEAD BIRTHPLACE (STATE OR 9 BALTIMORE CITY OR COUNTY OF DEATH 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED New York Montgomery County USA DIVORCED 2. AND 3 TO THE FU A 3. RETAIN PAGE 5 C SHOULD BE FILED, V TAL RECORDS, 201 W 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS OR MOST OF WORKING LIFE Homemaker John Carroll Dr. 3516 Olney USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) Mont Olney 13d. INSIDE CITY LIMITS? 3516 John Carroll Drive YES X SAP. GIVE PAGE. IITH FORM PM. PAGES 1 AND 2.5 "SION OF VITAL 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME CMIDDLE MIDDLE Carrigan Elmer. E. Madeleine Rowe 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17. INFORMANEAST 66th Streets New York, N,Y, 28 2691 Richard Rowe (Brother) CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Cirrhosis of the liver IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which Ethanolism gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 Inc. CERTIFICATION INER: THIS CERTIFICATE SHOULD BE ICATE, WRITING THE WORD "PENG E FORWARDED TO THE CHIEF MEE TOR: PAGE 3 SHOULD BE USED AS THE STATE DEPARTMENT OF HEALITH STATE DEPARTMENT OF HEALITH STATE OF SHOULD BE USED AND, 21201 PRICK TO BURIAL, CREAND, 21201 PRICK TO BURIAL, CREAND 19s. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES X NO [210 EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED JENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 21 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M. 21d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME III. LOCATION AT WORK AT WORLE STREET, FACTORY, FARM, ETC.) CITY OR TOWN TO MEDICAL EXAMINER: TI EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PA AFTER DEATH, WITH THE STI BALTIMORE, MARYLAND, 2 Autopsy X 220. I certify that Ltook charge of the remains described above, held an Inspection death resulted from Natural causes Undetermined manner Homicide 3-24-87 EXAMINER'S NAME 111 Penn St. Balto., MD 21201 Dennis F. Smyth, M.D. (TYPE OR PRINT) 230. BURIAL, CREMATION, REMOVAL 236. DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION Burial 3/27/87 S.S. Gate of Heaven Md. Mont. 07/84 BP 25M 24 FUNERAL DIRECTOR Hrines/Rinaldi 11800 NewsHamp.Ave.S.S.Md. 256. DATE REC'D. BY REGISTRAR 254/REGISTRAR 6 FIGNAL **DHMH - 17** (VR A15 ME (5))



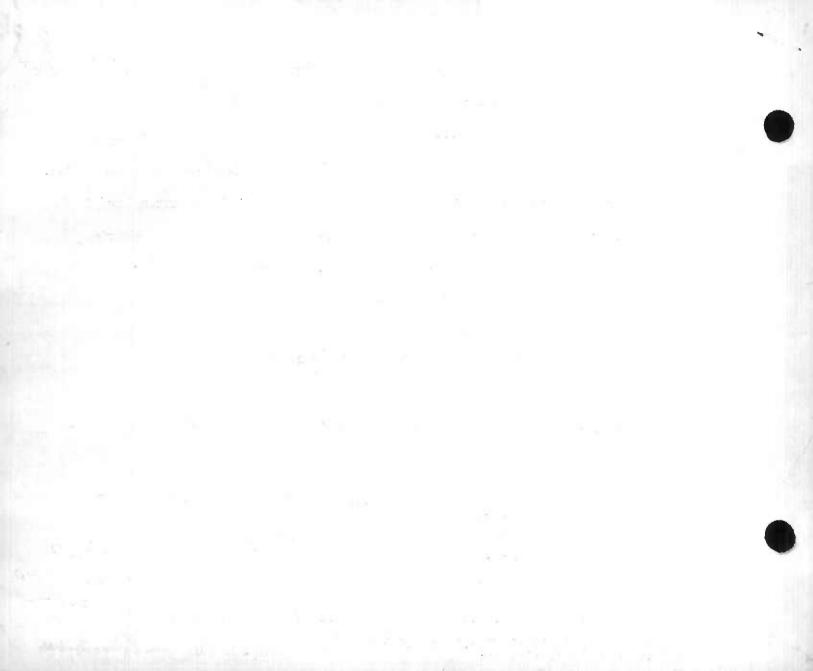
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| | 1. DE | REGISTRAR CEASED NAME | FIRST | ME | MIDDLE | AAMIN | EK 3 | HAST | IE OF DE | 20. DATE KNOWN | , NQ 8 | 5/ | En Cour |
| ш | | E OR PRINT) | 112772 | | | | | | | OF ESTI- | | 07 | 70 MOUR |
| EASI TOR JUES SUUR REET | 3. SEX | 14.6 | Willia | 5. DATE OF BIRTH | Ellis | 6. AGE (IN YE | | ulleen | INDER 24 HRS. | 20 DATE | 0/ 20 | 19 87 | A NOU |
| REC PREC 2 HC | 3. 32 | | | MONTH DAY | YEAR | LAST BIRTHD | | 11 0 | URS MIN. | PRONOUNCED | 2 /02 | | 11:0 |
| A VOID | 7. D | Male STATE | | Jul. 24, | 189/ | 89 YF | RS. | | | 9. BALTIMORE CIT | 3/22 | 19 87 | A. N |
| S NECESSARY, PLEASE FUNERAL DIRECTOR. E. S FOR YOUR PILES. W. PRESTON STREET, | FC | REIGN COUNTRY) | 100 | 16 C | 1 A | KTF | | ED NEVER | | | | | |
| THE FUNE SAI W. PR. | 10. C | TY OR TOWN OF | | II NAME OF HOS | PITAL NUR | SING HOME | WIDOW | | IVORCED [] | UAL OCCUPATION | ery Coun | KIND OF BU | MD |
| V PELATIST D3TOTHE FI TIO BE FILED, ORDS OT W | | Takoma P | | (IF NOT IN SUCH FAI | CILITY. GIVE STR | EET ADDRESS) | | EK II 4311101101 | FOR | MOST OF WORKING LIFE) | 0 / | OR INDUSTR | SA |
| AND PELVINE POR SAIN PROPERTY PELVINE PERVINE | USU | | | OTHER INSTITUTION, GIV | OPIAT | Avenu | Jel Jel | | FEL | GOVT (A | RETIRED WA | WAL GUI | V FACTO |
| AND AND RETAIN | 13a S | ryland | 1126 COUNT | gomery | | ma Par | | 13d. INSIDE CITY III | MITS? 13e STI | 3 Poplar | Avenue | 2091 | 12 |
| A FEET W | 14. F | ATHER'S NAME | | MIDDLE | L | AST | , | 15 MOTHER'S | MAIDEN NAM | E MIDDLE | | LAST | |
| A SHOW | | WILLIAM | | D. | Ci | | $\sqrt{}$ | | NOT | AV211 | ABLE | | |
| AND | 16a. V | VAS DECEASED EN ES, NO, OR UNKNOWN) | /ER IN U.S. ARM I IF YES, GIVE W | ED FORCES? (AR OR DATES) | | AL SECURITY | | 17 INFORMAN | | ADDR | RESS | 0 , | |
| PAG PAG VISI | | 1 | | | | 46.45 | 88 | WILLIA | n B. Ci | ILLEEN #3 | KICE CT. 1 | Keckhu | E. MO |
| TA WATER | | 18 CAUSE OF D | EATH (Enter only H WAS CAUSED | ane cause per line | | | | | | | | APPROXIMATE BETWEEN ONSET | INTERVAL AND DEATH |
| WHEN WELL | | | | CAUSE (a) AC | | | | disease | • | | | | |
| 22 22 | | Conditions | if any, which | DUE TO, OR | AS A CONS | SEQUENCE (| OF . | | | 7 | 0 0 | | |
| E 3033338 | | gave rise | ta immediate ting the under- | (b) | | | | | | | | | |
| 1003/07 | | lying cause l | | DUE TO, OR | AS A CONS | EQUENCE | OF . | | | | | | |
| S SHOP AND A SHOP A SHO | 18 | PART 2 OTHER SIGNIE | CANT CONDITIONS CO | (c) Ontributing to death i | HIT NOT BELATI | O TO THE TERM | NAL DICE LE | AB CONDITION ON | | | | | |
| I RECORDS, ULD BE EXEC ULD BE EXEC "PENDING" "PENDING" ED AS A BUI HEATH AN AL, CREMATI | z | THE TOTAL STORM | CAMI CONOTTIONS CL | Non | | O TO THE TERM | INAL DISEAS | DK CONDITION GIVE | N IN PARI 1 (c). | | | | |
| MEN WEN TEAL | A | 19a DATE OF OP | ERATION | | | HICH OPER | ATION W | AS PERFORMED |)? | | 12 | 0 AUTOPSY? | |
| < ○○=< | CERTIFICATION | N | one | | | | | | | | The state of the s | - | |
| OF VI | H | 210 EXTERNAL C | AUSE WAS | 21b. TIME OF | | | 21c HC | OW INJURY OC | CURRED (ENTER | NATURE OF INJURY IN ITE | M 18 PART 1 OR PART 2) | YES 🗔 | NO X |
| SRIM SRIM SRIM SRIM SRIM SRIM SRIM SRIM | - | UNDERLYING CONTRIBUTING | OR CAUSE OF DE | | MONTH | DAY YEAR | | None | _ | | | | |
| CERTIFICATE SH CERTIFICATE SH TITING THE WOR DED TO THE CH E 3 SHOULD BE I DEPARTMENT OF IN PRIOR TO BUR | MEDICAL | 21d INJURY OCC | URRED | 21e PLACE C | | JAT HOME, | | CATION | | | | | |
| DIVISION HIS CERT ARDED ARDED NGE 3 SINTE DEPONDED NOT THE DEPONDED NOT TH | Z | WHILE NAT WORK | OT WHILE T | STREET, FACTO | ORY, FARM, ETC |) | S | TRFET | | CITY OR TOWN | COUNTY | | STATE |
| R: TH. VRW. ORW. P. | | | | of the remains desc | rihad ahay | a hald as | Autap | , [] is | pectian X. | Inquiry . | and in my apinio | | |
| MAN OFFICE | | death resulted f | | couses X | Accident | | cide | . Hamicide | | termined manner | | J/1 | |
| EXAM CERTII DIREC I, WITH | | | 1 | 75/ | / | | | TITLE (SPECI | | | | | |
| A A L DO C | | ACTUAL SIGNATURE | Ster | 35 | 10 | fre | N M | Deput | ty MED | OICAL EXAMINER | DATE | 3/23/ | 87 |
| NORA SET | | EV ANAINED ON | WE | | | | | 191 | 19 Semi | nary Road | 0.07.00 | | - |
| TO MEDICAL EXAMI EXECUTE THE CRATIF PAGE 4 SHOULD BE AFTER DEATH, WITH BALTIMORE, MARYL | igh. | (TYPE OR PRINT) | | nn S. Rog | ers, l | M.D. | | ADDRESS Si | lver Sp | ring, Mon | tgomery | County | , MD |
| ちのなる女男 | 23a.B | JRIAL, CREMATIO | N, REMOVAL 231 | DATE | 23c N/ | AME OF CEN | AETERY O | RCREMATORY | 23d. LC | OCATION OR TOWN | SOUNTY | 172 | ATE / |
| 07/B4 BP | 20.5 | Burial | 11 | arch 24.19 | 87 Ce | der X | WC | emilery | | willant. | J. J. who | Rondon | 14 |
| DHMH - 17 | 1 | NAME CONTRACTOR | .11 | ADDRESS | | / | 01 1.1 | 0 7 | PR - 2 | 198 TRAR 356 R | EGISTRAR'S SIGN | ATURE | |
| (VR A15 ME (5)) | 16 | Romy rung | Veline 20 | Maller 2 | 54 4 | rella | WEST | UC | 31 11 | | | | |

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| | 1 | | | MARYLAND | | | |
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| 17 100 - | - 10: | FOR STATE | DEPARTMENT OF HEALT CERTIFICAT | H AND MENTAL HYGIE TE OF DEATH | 8 7 | 0 0 | |
| 1 2, | 1 DE | REGISTRAR CEASED NAME FIRST | MIDDLE LAST | | REGENO. | 0 8 | HOLD |
| page 3 death | (1YPE | ORPRINT) MAR | | IANO | 3 | 20. | 0.30 |
| 0 | 3. SE | | 4 RACE 5. DATE OF BIR | TH 6 | AGE (IN YEARS LAST BIRTHDAY) | | UNDER 24 HRS |
| | 48 | FEMALE | WHITE JUNE | 24 1905 | 81 YRS | | OURS MIN |
| 21 | | RTHPLACE (STATE OR FOREIGN | 25 CITIZENI OF WHAT COUNTRYS 8 | NEVER MARRIED 7 | BALTIMORE CITY OR COUN | ITY OF DEATH | |
| ot o | | INSHINGTON DC | U.S.A WIDOWED X | DIVORCED [| MONT | COMERY | ٨ |
| 1 | | TY OR TOWN OF DEATH | 11. NAME OF HOSPITAL, NURSING HOME OR OT (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS), | | 2a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING | 176 KIND OF BU | JSINESS C |
| 111 | | IKOMA PARIC | WASHINGTON ADVENTIST | HOSPITAL | AT HOME. | AT HO | ME |
| 036 | 3a. 3 | AL RESIDENCE (IF NURSING HOME O | TY 13c CITY OR TOWN 13d. I | | 3e.STREET ADDRESS / ZIP CO | DEAL ZE | 0912 |
| 4 | III E | MD MO. | | OTHER'S MAIDEN NAME | 502 TULIP | AVE | |
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| 4 400 | 160 \ | | MA M | NEORMANT | AVAILABLE ADDRESS | | |
| 6 7 | - (| YES, NO OR UNKNOWN) (IF YES, GI | S78-048-613M | CECIL E. SM | | PAVE TAK | PK 1 |
| 1 | | | | 14 - | rea - | APPROXIMATI BETWEEN ONSE | |
| | | | y ane cause per line far (a), (b), and (c).) BY: E CAUSE (a). ACMi: PULMUNARY | EMBULISM. | | BE INVENIONSE | ANDUCA |
| P] | | IIV (VICE) | DUE TO, OR AS A CONSEQUENCE OF | | | | |
| 19 6 | | Conditions, if ony, which | (16) SEPTIC KM DULI. | | | | |
| | 100 | gove rise to immediate cause (a), stating the | DUE TO, OR AS A CONSEQUENCE OF | | | | |
| or of | | underlying couse last | 107 | SHNIHMIA. | | | |
| na bu | Z | 24 VERE () LCEN | ONDITIONS CONTRIBUTING TO DEATH BUT NOT | h | - h | GIVEN IN PART TO | |
| y ior | CERTIFICATION | 190 DATE OF OPERATION | 196 CONDITION FOR WHICH OPERATION WA | FAILURE . | My purkal mid | YES, WERE FINDINGS | USED |
| o bein | 1 8 | | | | | TIFYING CAUSES OF | |
| Hygin Hygin | CER . | 210. ACCIDENT WAS UNDERLYING | | HOW INJURY OCCURRED | D (ENTER NATURE OF INJURY IN ITEM | | |
| 10 2 | I V | OR CONTRIBUTING CAUSE OF DE | | | | | |
| d Ment | MEDICAL | 21d. INJURY OCCURRED | 21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) | LOCATION | CITY OR TOWN | COUNTY | STATE |
| h and rked | 2 | AT WORK NOT WHILE | (AT HOME STREET, PACTORY, OFFICE, PARM, ETC.) | 31100 | | | |
| s ma | 10. | 22a.1 certify that (I) (bis hasp | ol attended the deceased fram 3 1 | 6 19 8+ | _, ta | , 19 X , that | (II (ve) |
| of H | | saw the decoased alive at abave, (1) (we) (did) (did no | yiew the bady after death. | t in (my) (aur) opinian de | oth accurred an the date and l | nour and fram the cous | es stated |
| Dept. | | 226 SIGNATURE | DEGR | | | 22c. DATE SIG | NED |
| ÷ 0 | | 1/p1- 1 | 1000 | ATTENDING PHYSICIAN | MEDICAL STAFF DIRECTOR PHYSICIAN | 13/27 | 187 |
| TAN | 7 | 224 PHYSICIAN'S NAME (TYPE | | ADDRESS | | , | |
| with the Stot | | TIPAPORN | MOCDUARD S | 530 Wiscuns | NN WW CHRIM | CHASIS, MI) | 805 |
| W HAP | 23a E | SURIAL, CREMATION, REMOVAL | 236 DATE 236 NAME OF CEMET | | 23d. LOCATION | , | |
| | | Bureal | aprel 2. 1987 Mount alix | ul Cemetiny | Washendo | 21 COUNTY LOC | STATE |
| 16 60M 7/B4 | | INERAL DIRECTOR | 1 | | REC'D. BY REGISTRAR 256 REG | ISTRAR'S SIGNATURE | - |
| RA 15, 4) | 10 | Amentagene Anne | andly 25 Condition No | DOMER | 3 1987 1 | 100 mm | |

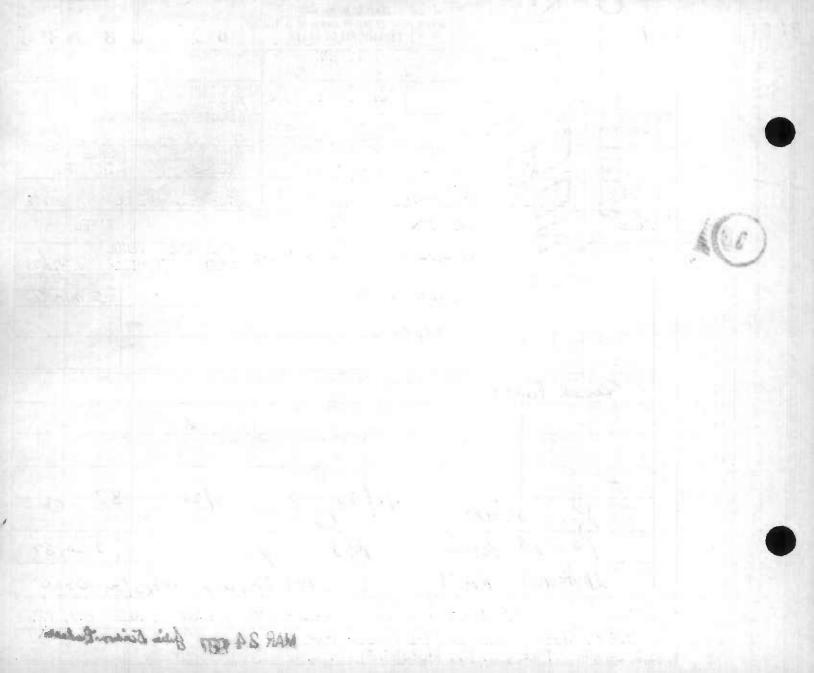
QH3 (3/4/70) o at the state of the PERSONAL PROPERTY AND SERVE AND ADDRESS OF THE PROPERTY ADDRESS OF THE The state of the s

| F 6 9 0 4 M | | FOR 7 STATE REGISTRAR 3/27/87 r | a | MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH | REG.NO. | 085 |
|--|---------------|--|--|---|--|---|
| be and a deoth | | CEASED NAME FIRST Bernet | ta Marie | Dammert | 2a. DATE OF DEATH MON | 3 06 87 135 |
| ctor. pc | 3. SE | Female | 4 RACE Caucasian | 5. DATE OF BIRTH Dec. 12, 1920 | 6. AGE (IN YEARS LAST BIRTHDA | IF UNDER LYEAR IF UNDER MONTHS DAYS HOURS |
| oth. Pog | | RTHPLACE (STATE OR FOREIGN ONLO | 7b. CITIZEN OF WHAT COUNTRY' United Sates | ? 8. MARRIED NEVER MARRIED WIDOWED DIVORCED | | OUNTY OF DEATH |
| by the filled withing | PC C | ity or town of DEATH | 11. NAME OF HOSPITAL, NURSI (IF NOT IN SUCH FACILITY, GIVE STREE Shady (Trave) Adv | NG HOME OR OTHER INSTITUTION | 12a. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WO | 126 KIND OF BUSINE |
| hin 24 hourship filled in should be must be | Ma Ma | STATE 136 COUN | gomery Gaithers | VN 13d. INSIDE CITY LIMITS? | 13e.STREET ADDRESS / ZII 9381 Bremer | |
| con plan | 16a. V | Alfons VAS DECEASED EVER IN U.S. AR | | Anna | MIDDLE | Mehring Nehri |
| 1 66 9 | (1 | YES, NO OR UNKNOWN) (IF YES, GIV | 270-16-7 | 718 Ida M. Damme | rtt. Same as | |
| that the doubt certifical doby the cheen go physical created corbon for some control cores. | | Conditions, if any, which gave rise to immediate cause (a), stating the underlying couse last. | DUE TO, OR AS A CONSEQUE (b) DUE TO, OR AS A CONSEQUE (c) | JENCE OF LEAT fails | re | APPROXIMATE INTER BETWEEN ONSET AND |
| The law requires on. That been signs to permit. Then by leave prior to buy rejury. | CERTIFICATION | PART 2. OTHER SIGNIFICANT (| | DEATH BUT NOT RELATED TO THE TER. H OPERATION WAS PERFORMED WALLE REPLACEMENT | 20a AUTOPSY? 20 | ON GIVEN IN PART 110 IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEAT YES \(\bigcap \) NO \(\bigcap \) |
| DING PHYSICIAN; or attending physic After this certification is as the buriol-tran oith and Mental Hy marked or them 18 at | MEDICAL CE | 21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINER 21g. INJURY OCCURRED WHILE NOTIFY MEDICAL EXAMINER AT WORK ALWORK | HOUR A.M. MONTH D | 19 211 LOCATION | RRED (ENTER NATURE OF INJURY IN | ITEM 18 PART 1 ORPART 2} COUNTY 5 |
| OR ATTENDING re hospital or at DIRECTOR Afte bobbe of Health of flem 21 is mark | | | otal) attended the deceased from, | 3/6 19 07 97, and that in (my) (aur) apiniar | | 19 37, that (I) (signal hour and from the causes sto |
| HOSPITAL ined by the FUNERAL uid be det uid be det optant: | | 724 PHYSICIAN'S NAME (TYPE'S) D. R. ROSIA | | ATTENDING PHYSICIAN | MEDICAL STAFF DIRECTOR PHYSICIAN | |
| op Op op a | | | PY 1 Py 1 A | | 23d LOCATION | |

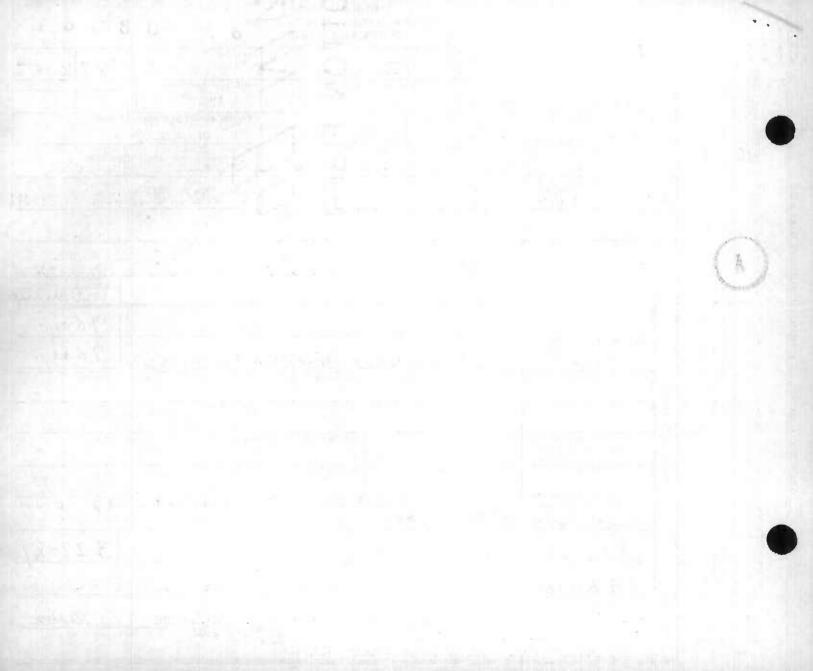


232 CARROLL STREET, N. W. WASHINGTON, D.

DHMH - 16 60M 7/B4 (VRA 15, 4)



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 1. DECEASED NAME 20. DATE OF DEATH MONTH 26 HOUR LITTE OR PRINTS 10:25 015 4 RACE 3. SEX 5. DATE OF BIRTH & AGE (IN YEARS LAST BIRTHDAY) March 1900 female Caucasian TO BIRTHPLACE ISTATE OF FOREIGN LOUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED U.S.A. Virginia Montgomery WIDOWEDXX DIVORCED [10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 17a USUAL OCCUPATION 17h KIND OF BUSINESS OR (JENOT IN SUCH FACILITY, GIVE STREET ADDRESS).
Washington Adventist Hospital (TYPE OF WORK FOR MOST OF WORKING LIFE)
Homemaker Homemaker Takoma Park 113d INSIDE CITY LIMITS? 530 Madison St. 2001 Washington 4. FATHER'S NAME IS MOTHER'S MAIDEN NAME MIDDLE Fmmott Cocil Virgini 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMAN 16b. SOCIAL SECURITY NO daughter 9509 Mazzoni Ave. 578-32-6079 Saahraah APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).1
PART I. DEATH WAS CAUSED BY: ARREST ESPIRATOR IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF SEPSIS Conditions, if ony, which gove rise to immediate couse (o), stoting DUE TO, OR ASA CONSEQUENCE OF ABDOMINAL VISCUS underlying couse 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NOX YES 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 21d INJURY OCCURRED 211. LOCATION 21e PLACE OF INJURY CITY OR TOWN COUNTY AT HOME STREET, FACTORY, OFFICE, FARM, ETC) STATE NOT WHILE 220.1 certify that (1) this haspital) attended the deceased from_ march 20 Murch 26 sow the deceased alive on the body after death. , and that in (my) (our) opinion death occurred on the date and hour and from the causes stated DEGREE ATTENDING. PHYSICIAN DIRECTOR PHYSICIAN 11161 New Hampshire Ave. Silver Spring 230 BURIAL, CREMATION, REMOVAL Burial Mar. 31, 1987 Arlington National Cem. 24 FUNERAL DIRECTOR Francis J. Collins. Jr. 250 AD REC'D' AY REGULTAR US REGISTRAR'S SIGNATURE DHMH - 16 60M 7/84 500 University Blvd. West. Silver Spring. Md. (VRA 15, 4)



STATE OF MARYLAND 046901 MR 13087 DEPARTMENT OF HEALTH AND MENTAL HYGIENE

| | | REGISTRAR | | | | CERTIF | ICATE OF DEATH | REG. NO | | | |
|---|--|--|----------------|------------------|---|-----------|---------------------------|----------------------------|-------------------|--------------------|-----------------------------------|
| | | CEASED NAME | FIRST | A | AIDDLE | ı | AST | 20. DATE OF DEATH | MONTH DA | AY YEAR | 2b HOUR |
| | 11112 | OR FRINT) | Ear1 | Louis | 5 | Dear | rhart Ir. | March | 5, 198 | 87 | 8:15a M |
| | 3 SEX | X | | 4 RACE | | 5. DATE C | OF BIRTH | 6 AGE (IN YEARS LAST BIRT | | FUNDER I YEAR | IF UNDER 24 HRS HOURS MIN. |
| | | Male | | Caucas | ian | | mber 31,1915 | 71 | YRS | DATS | MIN. |
| 6 | | RTHPLACE (STATE | OR FOREIGN | 76 CITIZEN OF | WHAT COUNTRY? | 8 | D NEVER MARRIED | 9 BALTIMORE CITY O | COUNTY | OF DEATH | |
| 1 | | Georgia | | United | States | WIDOWE | | Montgomery | Count | y Maryland MD. | |
| - | 10 CI | TY OR TOWN OF | DEATH | | OSPITAL, NURSIN | NC | 176 KIND C | DE BUSINESS OR | | | |
| 0 | | Bethesda | | 9106 | (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) 9106 McDonald Drive Vice President | | | | | | Lway |
| 0 | | AL RESIDENCE (#1 | NURSING HOME O | | GIVE RESIDENCE BEFORE | | 113d. INSIDE CITY LIMITS? | 13e.STREET ADDRESS / | ZIP CODE | 0106 M | oDonald |
| 5 | Ma | ryland | | gomery | Bethesda | | | Drive Bethe | | | |
| A. Company | 14. FA | THER'S NAME | | MIDDLE | LAST | | 15. MOTHER'S MAIDEN NAM | | | | |
| | | Earl | Lou | is Dearl | | | Mary | Lou | | Blac | ckwell |
| 1 | | VAS DECEASED E | VER IN U.S. AF | RMED FORCES? | 166 SOCIAL SECU | RITY NO. | 17 INFORMANT Marga | | §\$ 9106 | McDor | 2214 |
| | 4,4 | YES, NO OR UNKNOWN | | WE WAR OR DATES) | 251-10-9 | 727 | Drive Bethes | | | | |
| | | IR CAUSE OF DE | | | line for (a), (b), one | | 100200 | day initytan | <u>u 2001</u> | | IMATE INTERVAL ONSET AND DEATH |
| | | PART I. DEAT | H WAS CAUSE | D BY: | | | y Arrest | | | | ediate |
| | | | | | | | | | | | |
| | | DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which { th} Renal Carcinoma | | | | | | | | 4 Ye | are |
| | 75 | gove rise to immediate | | | | | | | | 1 | ars |
| | | couse [0], stoting the Underlying couse lost. | | | | | | | | | |
| | | PART 2 OTHER S | IGNIFICANT | CONDITIONS CO | ONTRIBUTING TO D | DEATH BUT | NOT RELATED TO THE TERM | INAL DISEASE OR CONI | OITION GIVE | N IN PART 1 | |
| | NO. | | | | | | | THE DISERSE ON COME | , | TO THE TAX TO | |
| 5 | A | 190 DATE OF OPE | RATION | 19b. CONDI | TION FOR WHICH | OPERATIO | N WAS PERFORMED | 200 AUTOPSY? | | WERE FINDI | |
| 1 | ERTIFIC | 1000 | | | | | | YES NOW | IN CERTIFY YES | | S OF DEATH? |
| | CER | 21a. ACCIDENT WAS | | THOUSE A | | AV VEAD | 21c HOW INJURY OCCURR | RED (ENTER NATURE OF INJUR | Y IN ITEM 1B PAI | RT 1 OR PART 2) | |
| 1 | AL | OR CONTRIBUTING | | AIR | M. MONTH DA | 19 | | | | | |
| 1 | MEDICAL | 21d. INJURY OCC | | 21e PLACE | | | 211 LOCATION | CITY OR TO | A/NI | COUNTY | STATE |
| | ¥ | WHILE NO | WORK | (AT HOME, STR | EET, FACTORY, OFFICE, F | ARM ETC.) | SINCE | CITY ON TO | | COOM | STATE |
| 220-1 certify that (I) (this haspital) attended the deceased from June 1984 to March 1987 | | | | | | | | | 9.87 | that (I) (we) lost | |
| | sow the deceased alive on March 3, 1987, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (1) (we) (did), (pid not) view the body after death. | | | | | | | | | couses stoted | |
| | | 226 SIGNATURE | 1/1/ | - [] | | | DEGREE | | | 22c DATE | SIGNED |
| | | | 1111 | ull | / | | ATTENDING PHYSICIAN | MEDICAL STAF | F IAN 🗌 | Marc | h 5, 1987 |
| | | | | | | | | | | | |

224. PHYSICIAN'S NAME (TYPE OR PRINT) Frederick Pearson Smith M.D.

5401 Western Avenue N.W. Washington D.C. 20015

22e ADDRESS

23. BURIAL, CREMATION, REMOVAL (SPECIFY)

Cremation 6, 1987 234 LOCATION 23c. NAME OF CEMETERY OR CREMATORY Metropolitan Crematory Alexandria, Virginia

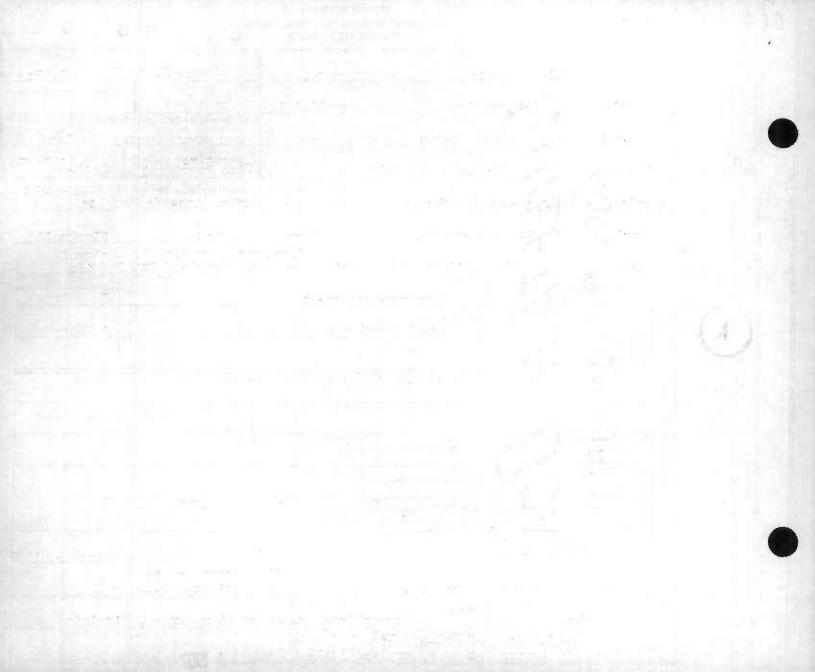
74 FUNERAL DIRECTOR Robert A. Pumphrey Funeral Home/
Bethesda-Chevy Chase, Inc.
7557 Wisconsin Avenue Bethesda, Maryland 20814

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

DHMH - 16 60M 7/84 (VRA 15, 4)

TO FUNERAL

MPORTANT.

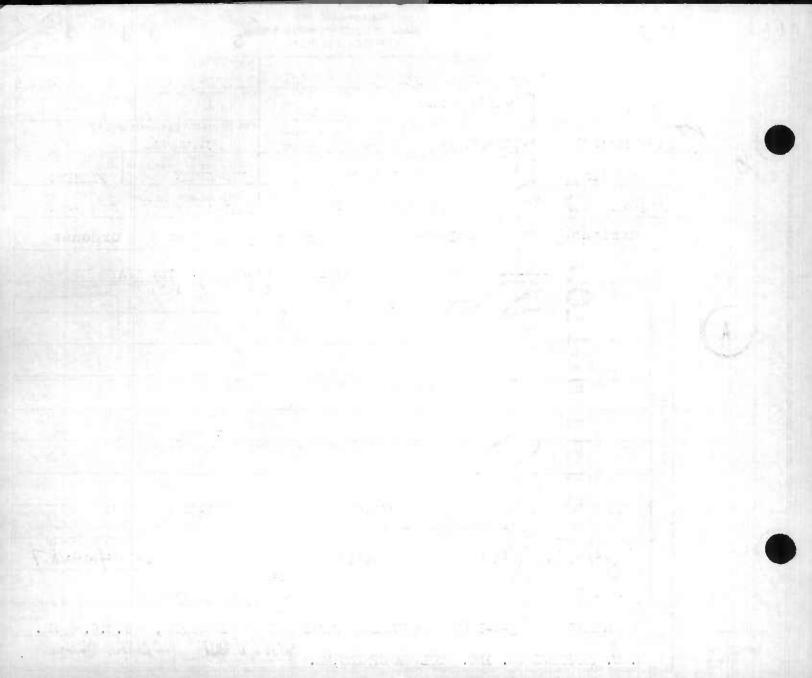


SILVER SPRING.Md.

W. W. CHAMBERS CO. INC.

(VRA 15. 4)

STATE OF MARYLAND



| | | | | STATE OF MARYLAND | | |
|--|-----------------------|--|--|--|---|---|
| 71.0 | 1- | FOR STATE REGISTRAR | DEPAI | RTMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH | 8 / | 8 5 8 4 |
| | 1. DE | CEASED NAME FIRST | MIDDLE | £AST | REG. NO. | DAY YEAR 25 HOUR |
| AFR - | | Paruamn | na (NMI) | Devamma | 2-2 | 7-87 1:150 |
| 100 | 3. SE | (| 4 RACE | 5. DATE OF BIRTH | 6 AGE (IN YEARS AND BIRTHDAY) | FUNDER LYEAR IF UNDER 24 DRS |
| | Fe | male | East Indian | 2-25-1920 YEAR | 67 | RS DATS HOURS MIN. |
| ot offer | | RTHPLACE (STATE OR FOREIGN COUNTRY) | 76. CITIZEN OF WHAT COUNTE India | MARRIED NEVER MARRIED WIDOWED DIVORCED | Montgomery | JNTY OF DEATH MD. |
| Ophilied | _ | TY OR TOWN OF DEATH | 11. NAME OF HOSPITAL, NUR (IF NOT IN SUCH FACILITY, GIVE STR 8904 Holly Lea | SING HOME OR OTHER INSTITUTION REEL ADDRESS) of Lane | 120 USUAL OCCUPATION (1YPE OF WORK FOR MOST OF WORK 1:ousewife | 126 KIND OF BUSINESS OR INDUSTRY Own Home |
| 3 | 13a. S Ma | | | da YES 📉 NO 🗌 | | cope Lane, 20817 |
| 50 | | nayil Gop | ala Pillai | 15 MOTHER'S MAIDEN NO Paruamm | WIDDIE | N.: |
| nedical | 16a V | VAS DECEASED EVER IN U.S. AR | | CURITY NO. 17 INFORMANT The | nnikkalazhikom | Trivandrum 11, ND), Kerala, India |
| | | | nly one couse per line for (o), (b), (D BY: TE CAUSE (o) | Lywan la | Durlin | |
| pry, or offer fit | N | gave rise to immediate cause (a), stating the underlying cause lost. | DUE TO, OR AS A CONSEC (c) CONDITIONS CONTRIBUTING TO | 1100 | 0.0 | N GIVEN IN PART 1/0 |
| ony injury, or other til | IIFICATION | gave rise to immediate cause (a), stating the underlying cause lost. | (c) MO | Nower & Smar | MINAL DISEASE OR CONDITION 200 AUTOPSY? 200 IN C | N GIVEN IN PART TO |
| 20 | CAL CERTIFICATION | gove rise to immediate cause (a), stating the underlying cause lost. PART 2 OTHER SIGNIFICANT (| (c) CONDITIONS CONTRIBUTING TO 19b. CONDITION FOR WHI | O DEATH BUT NOT RELATED TO THE TERM | MINAL DISEASE OR CONDITION 200 AUTOPSY? 206. | IF YES, WERE FINDINGS USED LERTIFYING CAUSES OF DEATH? YES NO NO |
| riked og tem Johnson ony mjury, or offer for | MEDICAL CERTIFICATION | gove rise to immediate cause (a), stating the underlying cause lost. PART 2 OTHER SIGNIFICANT (19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE | (c) CONDITIONS CONTRIBUTING TO 19b. CONDITION FOR WHI | DUENCE & COLOR DE LA COLOR DE | 200 AUTOPSY? 200. IN C | IF YES, WERE FINDINGS USED LERTIFYING CAUSES OF DEATH? YES NO NO |
| 27 is marked by them 35 whose, any injury, or other fit | | gove rise to immediate cause (a), stating the underlying cause lost. PART 2 OTHER SIGNIFICANT (19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE. (IF EITHER, NOTHY MEDICAL EXAMINE) 21d. INJURY OCCURRED WHILE NOTWHILE AT WORK AT WORK 22a.1 certify that (1) (this hosp saw the deceased alive an | CONDITIONS CONTRIBUTING TO THE CONDITIONS CONTRIBUTING TO THE CONDITION FOR WHI TO THE CONTRIBUTION THE CONTRIBUTION TO THE CONTRIBUTION TO THE CONTRIBUTION TO THE CO | DUENCE OF COLOR OF THE TERM OF | AND AUTOPSY? YES NO RED (ENTER NATURE OF INJURY IN ITE | IF YES, WERE FINDINGS USED LERTIFYING CAUSES OF DEATH? YES NO |
| in them 21 is morked on their 30-block only injury, or affect to | | gove rise to immediate cause (a), stating the underlying cause lost. PART 2 OTHER SIGNIFICANT (19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OP CONTRIBUTING CAUSE OF DE. (IF ETHER NOTIFY MEDICAL EXAMINE) WHILE NOT WHILE AT WORK AT WORK AT WORK AT WORK AT WORK 22a.1 certify that (I) (this hosp saw the deceased give an appropriate to the control of the c | CONDITIONS CONTRIBUTING TO THE CONDITIONS CONTRIBUTING TO THE CONDITION FOR WHITE CONTRIBUTION TO THE CONT | DUENCE OF COLOR OF THE TERM OF | 200 AUTOPSY? YES NO NOTE NOT | IF YES, WERE FINDINGS USED ERTIFYING CAUSES OF DEATH? YES NO NO NO NOTE: MIS PART I OR PART 2) COUNTY STATE 19 that (I) (we) lost d havi and I am the causes stated |
| In the Store Dept. of treatments were a system prior to both a central PORTANT. If them 21 is marked on their public or other from the system only injury, or other from the system of t | | gove rise to immediate cause fol, stating the underlying couse lost. PART 2 OTHER SIGNIFICANT OF THE SIGNIFICANT OF CONTRIBUTING CAUSE OF DE CONTRIBUTING CAUSE OF DE CONTRIBUTING CAUSE OF DE CONTRIBUTION CONTRIBUTION CONTRIBUTION CAUSE OF DE CON | CONDITIONS CONTRIBUTING TO THE CONDITIONS CONTRIBUTING TO THE CONDITION FOR WHITE CONTRIBUTION TO THE CONT | DUENCE OF COLOR OF THE TERM OF | 200 AUTOPSY? YES NO RRED (ENTER NATURE OF INJURY IN ITE CITY OR LOWN on death accurred on the date and | IF YES, WERE FINDINGS USED ERTIFYING CAUSES OF DEATH? YES NO NO NO NOTE: MIS PART I OR PART 2) COUNTY STATE 19 that (I) (we) lost d havi and I am the causes stated |
| IMPORTANT, if here 21 is marked on term 30 shape only rejury, or other fit | WEDICAL MEDICAL | gove rise to immediate cause (a), stating the underlying cause lost. PART 2 OTHER SIGNIFICANT (19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE. (IF ETHER NOTIFY MEDICAL EXAMINE) WHILE NOTIFY MEDICAL EXAMINED WHILE AT WORK ON OTHER WHILE AT WORK 22a.1 certify that (1) (this hosp saw the deceased glive or more with the contribution of the cause of the cau | (c) CONDITIONS CONTRIBUTING TO THE CONDITIONS CONTRIBUTING TO THE CONDITION FOR WHITE CONTRIBUTION TO THE CONTRIBUTION OF THE | DUENCE OF COLOR OF THE TERM OF | 200 AUTOPSY? YES NO NOTE NOT | IF YES, WERE FINDINGS USED ERTIFYING CAUSES OF DEATH? YES NO NO NO NOTE: MIS PART I OR PART 2) COUNTY STATE 19 that (I) (we) lost d havi and I am the causes stated |

A Pintary

| - 57 Ω APR - | 7.8 | FOR STATE FREGISTRAR | | | CERTIFICA | MARYLAND TH AND MENTAL HYO TE OF DEATH | 8 PREG. N | 0. | 3 3 | 8 5 |
|--------------------------------------|---------------|---|-------------------------------|------------------------------------|-------------------|--|--|--|-----------------------------|-----------------------------------|
| . e- | | CEASED NAME FIRST | MI | DDLE | LAST | | 26. DATE OF DEATH | MONTH DAY | | 26 HOUR |
| page 3 | | WILLI | | J. | DEVI | | | | 1-1987 | 2 AN |
| s offer | 3. SE | MALE | 4. RACE | 1914 | 5. DATE OF BI | 27 1906 | 6 AGE (IN YEARS LAST BIR | | UNDER 1 YEAR | HOURS MIN. |
| 12 A/6 | la B | RTHPLACE (STATE OF FOREIGN | 76 CITIZEN OF W | HAT COUNTRY? | 8 | NEVER MARRIED | 9 BALTIMORE CITY O | | FDEATH | |
| 1 Sec | 1 | California | USA | 1999 | WIDOWED | | MONT | - | | MD |
|)Z | 10.€ | ILVER SPRIN | (IF NOT IN SUCH | FACILITY, GIVE STREET A | DDRESS) | THER INSTITUTION | 12a USUAL OCCUPAT (14PE OF WORK FOR MOST O Civil Engir | OF WORKING LIFE) | 12b. KIND OF INDUSTRY | BUSINESS OR |
| 13 | 130 | AL RESIDENCE (IF NURSING HOME OF STATE 136 COU | ROTHER INSTITUTION C | | ADMISSION) 13d | INSIDE CITY LIMITS? | 130 STREET ADDRESS A | ZIP CODE | 20895 | |
| 10 1 | 1)" | ATHER'S NAME FIRST | MIDDLE | LAST | 15. | MOTHER'S MAIDEN NA | WIDDLE | | LAST | |
| 1320 | 1 | Thomas | J. | Devine | | Annie | | | Seibe | rlich |
| 9/ | | VAS DECEASED EVER IN U.S. AI YES, NO OR UNKNOWN) (IF YES, GI | RMED FORCES? | 16b SOCIAL SECUI | RITY NO. 17 | INFORMANT | ADDRE | SS | | |
| 4 | No | | | 555-64-5 | 499 RC | bert T. De | vine Son S | same as | | |
| 1.5 | | 18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS | nly one cause per l | ine for (a), (b), and | l total | 1 | | | BETWEEN OF | NATE INTERVAL |
| 0 1 | | | TE CAUSE (o) | epatic v | netas | 19885 | | | mont | The S |
| al, crematos, or r other traumats | | Canditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last. | (b) A | AS A CONSEQUE | rcino | ma of | Colon | | 1-2 4 | years |
| r to bu | NO | PART 2 OTHER SIGNIFICANT | CONDITIONS <u>CO</u> | NTRIBUTING TO D | EATH BUT NO | TRELATED TO THE TERM | MINAL DISEASE OR CON | DITION GIVEN | IN PART 11a | |
| Sene prio | CERTIFICATION | 19a DATE OF OPERATION | 196 CONDIT | ION FOR WHICH | OPERATION W | AS PERFORMED | 20a AUTOPSY? YES NO | 20b. IF YES, V IN CERTIFY IF YES | WERE FINDING NG CAUSES (| GS USED OF DEATH? |
| Hygien 8 | | 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE | AIR | MONTH DA | Y YEAR 19 | . HOW INJURY OCCUR | RED (ENTER NATURE OF INJU | RY IN ITEM TO PART | 1 OR PARE 2) | |
| Aked or 1 | MEDICAL | 21d INJURY OCCURRED WHILE NOT WHILE AT WORK | 21e PLACE O (AT HOME STREE | F INJURY ET, FACTORY, OFFICE FA | | LOCATION | CITY OR TO | WN | COUNTY | STATE |
| of Media | 1 | 22a.1 certify that (I) (this hosp saw the deceased alive a abave, (I) (we) (didiv(did n | | | 3A 3 7, and th | | death accurred on the d | 19 ate and haur a | nd from the co | nat (I) (we) last auses stated |
| Stone Dept | | 22d PHYSICIAN'S NAME LIVE | rena | of be | A RE | ATTENDING | MEDICAL STA | | 3/2 | 19/87 |
| PORTA | | ZZU. FITTSICIAIN SINAME (TYPE | OKPRINT | | 100 | | | 100 | | |
| 1 | | G. Lennard Go | | | | | Street Sil | ver Spr | ing, M | <u>aryland</u> |
| | | BURIAL, CREMATION, REMOVA (SPECIFY) | 236. DATE | 23c. N | AME OF CEME | TERY OR CREMATORY | 23d LOCATION CITY OR TOWN | | COUNTY | STATE |
| | | Burial | Apr. 1. | 1987 Gaz | to of Ho | paven | Silver Sp | rina Mo | ntaome | ry Md. |

DHMH - 16 60M 7/84 (VRA 15, 4)

Francis J. Collins Ir.

500 University Blud. W. Silver Spring, Md. 24 FUNERAL DIRECTOR

250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

APR - 6 1987

| | | | | | STATI | OF MARYLAND | | | | |
|--|---------------|--|--|--------------------------------------|------------------|--|---------------------------|----------------------|-------------------------------|------------------|
| 11010 500 | 1. | FOR STATE REGISTRAR | | DEPARTA | | EALTH AND MENTAL HYG ICATE OF DEATH | 8 / | 0 8 | J 8 | 3 6 |
| 44016 FEB 1 | 7 . 1. DE | CEASED NAME FIRST | | MIDDLE | L. | AST | REG. N | MONTH DAY | YEAR 7 | h HOUR |
| o e p | | GEORGE GEORGE | 0 | R | L | rick | | 2-10- | -87 - | ere of |
| noy be poge 3 | 3. SE | 1 " I | I. RACE | 11 | 5. DATE O | F BIRTH | 6. AGE (IN YEARS LAST BIR | THDAY) IF U | NDER I YEAR | IF UNDER 24 HRS |
| ge 4 r C ector. urs ofte | | M | N | 1 | MONTH | 13 43 | 43 | YRS | | HOURS MIN. |
| nerol di | CON | RTHPLACE (STATE OR FOREIGN 7 | | SA WHAT COUNTRY? | MARRIE | NEVER MARRIED | 9. BALTIMORE CITY C | OF COUNTY OF | | MD. |
| Signature for the formatter of the forma | | LVER SPRING | | HOSPITAL, NURSIN | | R OTHER INSTITUTION | 12a USUAL OCCUPATI | | - IDI ICEBNI | APLOYED |
| 24 hour filled in leading the filled in lead | USU 13a. | AL RESIDENCE IN NURSING TO STATE MD | THER INSTITUTION | 13HYATTSV | | 13d INSIDE CITY LIMITS? | 7 FUSET ARMED | OLISOPRO. | | 20784 |
| MARYLA ed within mpletely and 2 sh | | THER'S NAME CHARL'ES " | R. | DICK | | 15. MOTHER'S MAIDEN NAMELEN | L MIDDLE | PA | IPPAS ST | |
| be execute on and cor | 16a \ | VAS DECEASED EVER IN U.S. ARM YES. (IF YES, GIVE | NED FORCES? WAR OR DATES) | 16h SOCIAL SECU 220-40-72 | | PETER L. DIC | CK 5223 MIL | | , SPR | INGFIELD |
| DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 ING PHYSICIAN: The low requires that the death certificate be executed within 24 hours to thending physician. We have certificate has been signed by the attending physician and completely filled in both the buriol-transit permit. Then please femage could appropriate Pages 1 and 2 should be filled in the and Mental Hygiene prior to buriol, cremorbing or removal. In and Mental By shows any injury, an other resolvent; this medical stanmer may be a created or them 18 shows any injury, an other resolvent in medical stanmer may be a created or them. | CERTIFICATION | 18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED IMMEDIATE Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost. PART 2 OTHER SIGNIFICANT CO. | DUE TO, C DUE TO, C DUE TO, C LE) DONDITIONS C | DR AS A CONSEQUE | NCE OF NCE OF | NOT RELATED TO THE TERM | INAL DISEASE OR CON | | 18 PART 110 PART 110 CAUSES O | SS USED F DEATH? |
| DE VII | | 2) a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT | HOUR A | OF INJURY A.M. MONTH DA | | 21c. HOW INJURY OCCUR | RED (ENTER NATURE OF INJU | RY IN ITEM TO PART I | OR PART 2) | |
| IVISION of PHYSIS of PHYSIS center this center the burner hand Merriced or the | MEDICAL | (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK | 21e. PLACE | OF INJURY TREET, FACTORY, OFFICE, FA | ARM, ETC) | 211. LOCATION STREET | CITY OR TO | wn | COUNTY | STATE |
| A A A A A A A A A A A A A A A A A A A | | 220.1 certify that (1) (this hospita | ol) attended t | he deceosed from | | | , to | | , the | ot (I) (we) lost |
| Porto of H | | saw the deceosed alive on obove, (1) (we) (did) (did pot) | view the had | v ofter death | , on | d that in (my) (our) apinion (| deoth occurred on the de | ote and hour on | d from the co | uses stated |
| ITAL OR A by the hos RAL DIRECTED defocted defocted frote Dept. | 0 | 22h SIGNAJURE | aucy | rel | [| | MEDICAL STA | FF CIAN [] | 216 DATEST | GNED |
| TO HOSPITAL retoined by the TO FUNERAL should be det with the Stote | | RICHARD P. DE | LANEY | MD | | 120 ADDRESS 4323 HAVA | ed ST | 35 2 | 406 | |
| ₩ E # 3 3 | | BURIAL, CREMATION, REMOVAL | 23b. DATE | 23c. N | IAME OF CI | METERY OR CREMATORY | 23d LOCATION | | UNITY | STATE |
| BP | | CREMATION | FFR. | 8 1987 MF | TROPO | LITAN CREMATO | DRY ALEXANI | | ONT | VA. |
| DHMH - 16 60M 7/84 | 24 F | NAME FRANCIS . | J. COL | LINS JR | 500 L | NIV. FE 250 DAT | E REC'D. BY REGISTRAR | | 'S SIGNATUR | |
| (VRA 15, 4) | | | VER SP | | | 1 EU 1 O | 1907 | | 44 | |

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 20 DATE KNOWN (TYPE OR PRINT) OF ESTI-YOUR FILES. HIN 72 HOURS ESTON STREET, AGE (IN YEARS IF UNDER 24 HRS DATE LAST BIRTHDAY PRONOUNCE 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Washington, D.C. United States WIDOWED Public Sch. Teacher 130 STATE 136 COUNTY 14. FATHER'S NAME MIDDLE LAST Wendall A. Parris Caroline Harris 160. WAS DECEASED EVER IN U.S. ARMED FORCES 16h SOCIAL SECURITY NO ADDRESS Washington, D.C. DIVISION 577-62-6737 Caroline Parris.3191 Westover Drive S.E. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) USED AS A BURIAL-TRANSIT PERMIT. OF HEALTH AND MENTAL HYGIENE, D RIAL, CREMATION, OR REMOVAL. BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Canditions, if ony, which gove rise to immediate cause (a) stating the underlying cause last. PENDING" PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a. ICATE, WRITING THE WORD "PE FORWARDED TO THE CHIEF N TOR: PAGE 3 SHOULD BE USED A THE STATE DEPARTMENT OF HER AND, 21201 PRIOR TO BURNAL, C 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES 216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR CONTRIBUTING CAUSE OF DEATH 211 LOCATION NOT WHILE AT WORK PAGE 4 SHOUID BE FORWARD TO FUNERAL DIRECTOR: PAGE AFTER DEATH, WITH THE STATE I BALTYMORE, MARYLAND, 21201 AT WORK 22a I certify that I took charge of the remains described above, held an Autopsy Buicide D death resulted from: Natural causes Accident Homicide Undetermined monner TITLE (SPECIFY) DATE SIEVEN 27/8, SIGNATURE EXAMINETS NAME John S. Rogers, M.D. Seminary Rd. Silver Spring. Md. 230 BURNAL EREMATION, REMOVAL 236 DATE 23d LOCATION 23c. NAME OF CEMETERY OR CREMATOR' 3/28/87 Cremation J. Wm. Lee's Sons Co. Washington, D.C. 07/84 24 FUNERAL DIRECTOR 366 REGISTRANS SIGNATURE Washington, D.C. **DHMH** - 17 wha Devideon-Kandall McGuire Funeral Service 7400 Georgia Ave. N.W. (VR A15 ME (5))

STATE OF MARYLAND

Loshington, D.C. United States

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to a coming to the source, to. John .. reute. F. J.

> S/20 87 J. M. Lee's : ons co. | wellington, U.C. no.tdemen2 Latinian, L.E.

M.S. Jov Abgaded WOAY asived Luganu exists.

STATE OF MARYLAND

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| PARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH | 8 | REG. NO. |
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| MONTH | D | AY | YEAR | 2h HOL | P |

| | - | REGISTRAR | | | | | | | REG. NO. | | | |
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| Н | | CEASED NAME FIRST | ٨ | AIDDLE | ı | AST | | 20 DATE OF D | EATH MONTH | DAY YEAR | 26 HOUR | D |
| | (ITPE | Albin | a | | DiGu | ilio | 300.71 | March | 13. 198 | 7 | 8.00 | M |
| 1 | 3 SE) | X | 4 RACE | | 5. DATE C | | YEAR | 6 AGE (IN YEAR | RS (AST BIRTHDAY) | MONTHS DAYS | HOURS MIN | _ |
| | | rmale | Caucas | | May | | 1908 | 78 | YRS | | NOOKS MIN | |
| 7 | | RTHPLACE (STATE OR FOREIGN | 76 CITIZEN OF | WHAT COUNTRY? | 8 MARRIE | NEVER | MARRIED - | 9 BALTIMORE | CITY OR COUNT | Y OF DEATH | | |
| 6. | | taly | USA | | WIDOWE | 4.4 | NORCED [| Mov | taomeru | | ٨ | AD. |
| 7 | 10 CI | ITY OR TOWN OF DEATH | | OSPITAL, NURSIN | | R OTHER IN | STITUTION | 12a USUAL OC | | 126 KIND O | DE BUSINESS O | R |
|) | Si | lver Spring | | anwall Ai | | | | 001 11 | intenanc | | nal Bar | h |
| notice | USU | AL RESIDENCE (IF NURSING HOME OF ATE 136, COU | OTHER INSTITUTION | GIVE RESIDENCE BEFORE | ADMISSION) | 124 INICIDE | CITY LIMITED | | | | muc bur | 114 |
|) | Ma | ryland Mont | | Silver Sx | | YES 🗍 | NO [] | 2008 F | ranwall | | 2090 | 2 |
| 2-74 | 14. FA | ATHER'S NAME | WIDDLE | LAST | | 15 MOTHER | S MAIDEN NA | | MIDDLE | LA | 51 | |
| | | Alvino | | Consort | i | Le | iisa | | | D' And | rea | |
| 1 | | VAS DECEASED EVER IN U.S. AF | MED FORCES? | 166. SOCIAL SECU | RITY NO. | 17 INFORM | ANT | 2011 | ADDRESS | 9-13/4 | | |
| 1 | No | | VE WAR OR DATES | 577-48-2 | 2917 | Virgi | ria Duck | worth | Daughter | Same. | | |
| | | 18 CAUSE OF DEATH (Enter a PART I. DEATH WAS CAUSI | nly one cause per | | | 1 | 0) | 1 | | BETWEEN | ONSET AND DEATH | - |
| | | | TE CAUSE (a) | cordis | /asc | nlar | citia | pol | | | | |
| | | | DUE TO, OF | R AS A CONSEQUE | NCE OF | 0. ' . | | V/ | 0 0 1 - 1 | | | |
| 1 | | Conditions, if any, which | (b) | d: Huse | , cau | des 1 | rds chl | ar a | l, edsl | | | |
| 1 | | gave rise to immediate cause (a), stating the | DUE TO, OF | R AS A CONSEQUE | NCE OF | 0 . | 115 | - MAI | PINC | | | |
| | | underlying cause last | (c) | AS A CONSEQUE | vas | cular | · · · · · | 11/12 G | cecp | | | |
| | 2 | PART 2 OTHER SIGNIFICANT | CONDITIONS CO | NTRIBUTING TO | DEATH BUT | NOT RELATE | D TO THE TERM | | OR CONDITION G | VEMIN PARTI | a | |
| | 5 | au | secus | me | li m | s, u | 10 | // | | 11 4 1 | | |
| 9 | CERTIFICATION | 190 DATE OF OPERATION | 196 CONDI | TION FOR WHICH | OPERATIO | N WAS PERF | ORMED V | 200 AUTOP | | K, WERE FINDS | | |
| 5 | E | | | | | | | | | ES 🗌 | NO 🗌 | |
| 2 | 11177 | OR CONTRIBUTING CAUSE OF DE | 216. TIME O | FINJURY M. MONTH DA | YEAR | 21¢ HOW | NJURY OCCUR | RED (ENTER NATU | RE OF INJURY IN ITEM 18 | PART (OR PART ?) | | |
| 1 | 3 | (IF EITHER NOTIFY MEDICAL EXAMINE | | м. | 19 | | | | | | | |
| | MEDICAL | 21d. INJURY OCCURRED | 21e PLACE (| OF INJURY BET, FACTORY, OFFICE, F | ARM FIC) | 211 LOCAT | | | CITY OR TOWN | COUNTY | STATE | |
| | 2 | AT WORK NOT WHILE | | | 10- | CY | | 2/ | | D -> | | |
| | 1 | 220.1 certify that (1) (this hosp | ital) attended the | - | 191 | 8 | , 19 | 10 0/1 | 3 | 1901 | that (1) (we) la | ast |
| | | saw the deceosed alive ar abave, (1) (we) (did) (did no | 3/13 | ofter death | 7, ar | id that in (my | (our) opinian | death accurred | an the date and ha | ur and fram the | couses stated | |
| | 20 | 226 SIGNATURE | 10 | 1. | | DEGREE | | | | 22c. DATE | SIGNED | _ |
| | | HUGENY, | SWho | W W |) | | ATTENDING PHYSICIAN | MEDICAL DIRECTOR | STAFF PHYSICIAN | 3/14/ | 87 | |
| 1 | | 220 PHYSICIAN'S NAME (TYPE | OF PRINT) | | | 22e ADDRE | | | | 1:7 | | |
| 1 | 3 | Joseph M. Sol | inas. M. | D. | | 9801 (| Bearaia | Avenue | Silver S | prina M | d. 2090 | 2 |
| T | 23a. 8 | BURIAL, CREMATION, REMOVAL | | | NAME OF C | | CREMATORY | 23d LOCATI | | o ocher in | 2070 | ÷ |

DHMH - 16 60M 7/84 (VRA 15, 4)

Burial March 17, 1987 Arlington National Arlington Virginia

24 FUNERAL DIRECTOR Francis J. Collins, Jr.

500 University Blvd., W. Silver Spring, Md.

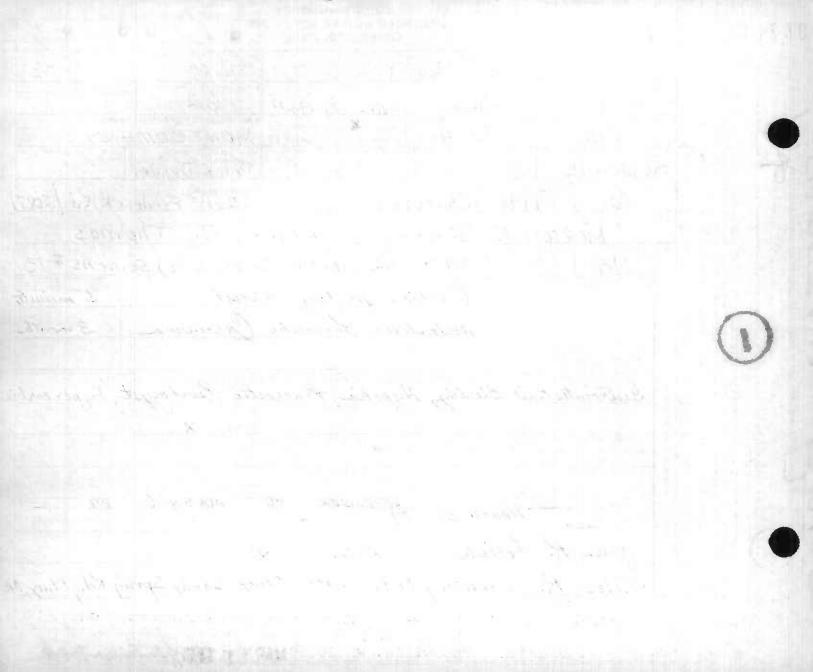
MARCH 27, 1987 Arlington National Arlington Virginia

250 DATE REC'D BY REGISTRAR 256 REGISTRAR'S SIGNATURE

500 University Blvd., W. Silver Spring, Md.

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| | 1 | | STATE OF MARYLAND | |
|--|---------|---|---|---|
| 7003 NAR | 31 | FOR FOR STATE REGISTRAR | CERTIFICATE UF DEATH | 8 5 8 9 |
| | I. D | ECEASED NAME FIRST | REG. NO. MIDDLE LAST 20. DATE OF DEATH MONTH DA | Y YEAR 26 HOUR |
| oth o | | PE OR PRINT) | 3/1/59 | 2/40 |
| moy be poge 3 | 3. SI | Kogen | | UNDER I YEAR IF UNDER 24 HRS. |
| offe, | | Malo | MONTH DAY YEAR | INTHS DAYS HOURS MIN. |
| direc | 70. E | SIRTHPLACE A STATE OR FOREIGN | 76. CITIZEN OF WHAT COUNTRY? 8 9 BALTIMORE CITY OR COUNTY C | DE DE ATH |
| 1 25 2 | | COUNTRY) | MARRIED NEVER MARRIED | ON! |
| thundan de | 10 (| CITY OR TOWN OF DEATH | 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 128 USUAL OCCUPATION | 126. KIND OF BUSINESS OR |
| P P P | K | Rockville | (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) | INDUSTRY |
| be en | USU | JAL RESIDENCE HE NURSING HOME OR | Shada Grove Adventst Haspital . I MUCK DVIVEY OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) | |
| 24 h | 130. | STATE 136 COUN | 130 TY LIMITS? 130 STREET ADDRESS / ZIP CODE | in PA I DOOT |
| ithin 2 sho | 14. F | ATHER'S NAME | 15. MOTHER'S MAIDEN NAME | CK [(a. 9081) |
| b ald b | | FIRST | MONDE The The | MAST |
| 5 01 | | WAS DECEASED EVER IN U.S. AR | | 17743 |
| Poges medico | | (1F YES, GIVE | EWAR OR DATES) 219-20-3212 Dorothy Disper (11) fe) So | me As #13 |
| sicion pers. ol. | F | 18 CAUSE OF DEATH (Enter on | | APPROXIMATE INTERVAL |
| phy n phy mov mov | | | by one couse per line (5) (o), (b), and (c), 1 D BY: D CAUSE (o), ardiorus feratory arrest | S muiut |
| optic optic | | MMCDIA | DUE TO, ORAS A CONSEQUENCE OF | |
| A DE NEW | | Conditions, if any, which | Metastatte Hancreatie (accuma | 3 months |
| 11111 | | gave rise to immediate couse (a), stating the | DUE TO, OR AS A CONSEQUENCE OF | |
| # # 0 o r | | underlying couse lost. | (c) | |
| gne gne sn pl buri | 1, | PART 2 OTHER SIGNIFICANT C | ONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OF CONDITION GIVEN | IN PART 1101 |
| requested seen so to or to | TON | Gastrocutestes | nel Bleeding, Hypotia, Vancreetic Vseudocyst | Hyper carbo |
| iow ermi e pri | FICATI | 19a DATE OF OPERATION | THE CONDITION OR WHICH ARRATION WAS PERFORMED 2011 AUTOPSY? 2016 YES, V | NERE FINANCIS USED NG CADSES OF DEATH? |
| The ricion strip strip show | CERTIFI | D. ACCIDENS WAS INDEDUCED. | YES NOX YES | □ NO □ |
| Phys phys ifico troor | | 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA | 216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PARI | I I OR PART 2) |
| cert cert vriol | MEDICAL | (IF EITHER NOTIFY MEDICAL EXAMINER) | P.M. 19 | |
| PHY this the b nd A | MED | 21d. INJURY OCCURRED WHILE NOT WHILE | 216 PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) 217. LOCATION STREET CITY OR TOWN | COUNTY STATE |
| After of the ork | | AT WORK AT WORK | | |
| DR. USe Heo Heo | | 22a. I certify that (I) (thu haspit sow the deceased alive an | all ottended the deceased from <u>PECEMBER</u> 19 86, to <u>MARCH</u> 6, 19 MARCH 5 19 87 and that in (my) (my) coming death accuracy as the data and had | 87, that (I) (was lost |
| ATT Ospit ECTC d fo d fo m 21 | | obove, (I) (we) (did not | view the body after death. | nd from the couses stated |
| OR DIR | | TIMENATURE O | DEGREE ATTENDING MEDICAL STAFF | 27c. DATE SIGNED |
| By tell by tel | - | 22d/PHYSICIAN'S NAME (TYPE OR | M. D. ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN | |
| HOSP ouned I | | TION TO SICIAN'S NAME (TYPE OR | PRINT) | . 0, 01 . |
| etoined TO FUN Should b | _ | Vules A. | Lodish, M.D. 2901 Olney-Sandy Spru | ig Rd. Olvey, M |
| | 23a | BURIAL, CREMATION, REMOVAL | 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION | 7 |
| BP | 24.5 | Burial | 3-10-87 John Wesley Cemetery Clarksburg | |
| DHMH - 16 60M 7/84 | | UNERAL DIRECTOR | 246 ANDRES Washington 250. DATE REC'D. BY REGISTRAR 256. REGISTRA | R'S SIGNATURE |
| (VRA 15, 4) | 1 (| eorge R. Snov | vden Rockville, MD 20850 MAD 7 7 1007 | San Buch 25 |



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| FOR | DEPARTME |
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| STATE | |

Frazier's Funeral Home 389 R.I. Aven.W.

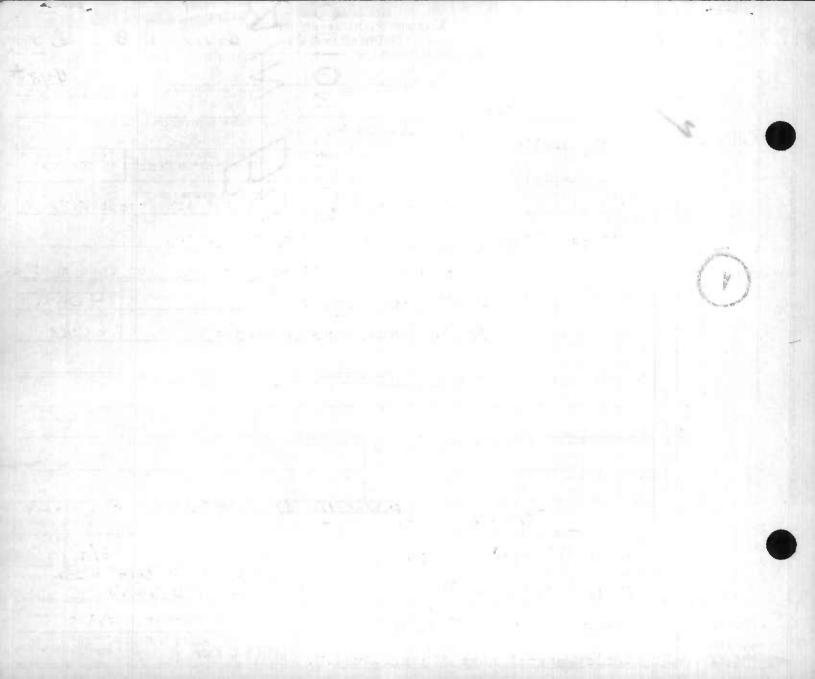
STATE OF MARYLAND NT OF HEALTH AND MENTAL HYGIE CERTIFICATE OF DEATH

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| AGE HNY | EARS LAST B | RTHDAY) | IF UNI | DERIYEAR | IF UND | ER 24 HRS |

| 6 | 0.1 | REGISTRAR | | | | | | | REG. NO |). | | - | | 9 |
|----|---------------|---|---------------------------------------|---|-----------|---------------|--------------|--------------------|-----------------|--------------|------------|-----------------------|------------|--------|
| | | CEASED NAME FIRST | MIDD | LE . | k. | AST | | 2a. DATE OF | DEATH / | HINOM | DAY | YEAR | 26 HOU | IR A |
| | ,,,,,, | LILLIAN | | D | 080 | STIA | NO | | | 3 | 7 | 87 | 44 | 13 1 |
| | 3. SE | X4 | RACE | | 5. DATE O | | | 6 AGE (IN Y | EARS LAST BIRTI | HDAY} | | DER I YEAR | 0061 | 24 HRS |
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| и | | RTHPLACE (STATE OR FOREIGN 76 | CITIZEN OF WH | AT COUNTRY? | 8 | | ADDIES [| 9 BALTIMO | RE CITY OF | 1 1.00 | Y OF DI | EATH | | |
| J | | North Caroli | | | WIDOWE | - LADAL | ORCED | | NTG | | eR | y | | MD. |
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| 5 | | IVER SPRING | Holy C | ROSS | 1105 | PUTAL | | rece | PLIO | HISL | | 1. | LIVC | 116 |
| 1 | 13a. S | AL RESIDENCE (IF NURS DI COUNTY D. C. | Y 13c | ERESIDENCE BEFORE A CITY OR TOWN Washin | 1 | 13d INSIDE CI | TY LIMITS? | 130.STREET A | ADDRESS / | | | t, N | 1919 W. | 16 |
| 9 | 14. FA | THER'S NAME FIRST MI | DDLE | LAST | | | MAIDEN NAM | ME | WIDDLE | 100 | | LAST | | |
| 1 | | William Wal | lton | -5.00 | | | | ria M | | | | | | |
| S. | | VAS DECEASED EVER IN U.S. ARMI | | . SOCIAL SECUR | RITY NO. | 17. INFORMA | VĪ. | | ADDRES | SS | | 7/1 | | |
|) | No | | N | ot Sta | ted | Wi] | liam | Dogos | itia | n So | | | | 13e |
| | | 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c), | | | | | TO THE | | | | | APPROXIA BETWEEN O | NATE INTER | DEATH |
| | | PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) SEPTICEMIC SHOCK | | | | | | | | 41 | SAY | 5 | | |
| | | DUE TO, OF AS A CONSEQUENCE OF | | | | | | | | | 1. | 1 | | |
| | | Conditions, if ony, which gave rise to immediate (b) ACUTE M76206ENOUS LEVERMIA | | | | | | | | 6 U | IKS | | | |
| | | couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF | | | | | | | | | | | | |
| | - | underlying couse lost. | | | | | | | | | | | | |
| | z | PART 2. OTHER SIGNIFICANT CO | NDITIONS CONT | RIBUTING TO D | EATH BUT | NOT RELATED | TO THE TERM | INAL DISEASE | E OR COND | ITION GI | IVEN IN | PART Ira | | |
| - | CERTIFICATION | 19a, DATE OF OPERATION | TIAL CONDITIO | N FOR WHICH (| DEBATIO | NAMA C DEDICO | 21450 | 120 4117.0 | 20573 | Tank IF VI | EC NAVED | C CINIDA | 100.1105 | |
| | FIC, | ING. DATE OF OPERATION | 198. CONDITIO | IN FOR WHICH (| PERATIO | N WAS PERFO | KWED | 20a AUTC | | IN CERT | IFYING | CAUSES | OF DEAT | TH? |
| - | ERTI | 210. ACCIDENT WAS UNDERLYING | 21b. TIME OF IN | LILIDY | | 121, HOW IN | ILIBY OCCUPE | YES [] | NOL | | YES 🗌 | | NO [| 3 |
| r | | OR CONTRIBUTING CAUSE OF DEATH | | MONTH DA | Y YEAR | ZIL HOW IN | JURY OCCURR | CED (ENTER NA | TURE OF INJUR | Y IN ITEM 18 | PART I OF | R PART 2) | | |
| | MEDICAL | (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED | P.M. | NATION AND AND AND AND AND AND AND AND AND AN | 19 | 211 LOCATIO | N | | | | | | | |
| | ME | WHILE NOT WHILE | | FACTORY, OFFICE, FA | RM ETC] | STREET | | | CITY OR TOW | VN | CC | OUNTY | 5 | TATE |
| | | | \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ | 1 | 200 00 | 101/18 | 87 | /WA | DADE | 7 | - | 1 | | |
| | | 22e. I certify that (1) (this hospital) attended the deceased from FBPLLAKY 8, 1907, to MRCH 7, 1957 that the (we) lost saw the deceased alive on MRCH 6, 1987, and that in (my) (our) opinion death occurred on the date and haur and from the causes stated | | | | | | | | | | | | |
| | | above, #I (we) (##) (did not) view the body after death. DEGREE 22c. DAJE SIGNED | | | | | | | | | | | | |
| | | Demas G. Brownilly ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN D | | | | | | | | 1 | 3/2 | 100 | | |
| _ | | PHYSICIAN'S NAME (TYPE OR PRINT) 122e ADDRESS (480 DH YSICIANS CANE #232 | | | | | | | | | | | | |
| | - 1 | Down A D | | IMA | | | . LOW | PRIS | | | | | -52 | |
| _ | 23a P | SURIAL, CREMATION, REMOVAL | 23b. DATE | 122. 11 | AME OF C | METERY OR C | | VILLE 123d LOCA | | 70 | 850 | , | | |
| | | SPECIFY) | | | | ny Mei | | | or town | ver. | Mar | v1a | nd 5 | TATE |
| | 24 FL | Burial JNERAL DIRECTOR | 10 "11 | CHO! II | almo | ny nei | | E REC'D. BY R | | | | | | - |
| | | NAME | | ADDRESS | -31 | | MAI | m. # 57 AF | 387 | | | SIGNAL | | 6 |
| | FY | azier's Funor | al Home | 380 E | T | TI MOTE | 1411.// | 11 7 - 11 | | 2 | | | | |

DHMH - 16 50M 7/84 (VRA 15, 4)

PORTANT:



STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

DAY

YES -

PATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

COUNTY

YEAR

IF UNDER I YEAR

INDUSTRY

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DHMH - 16 60M 7/84 (VRA 15, 4)

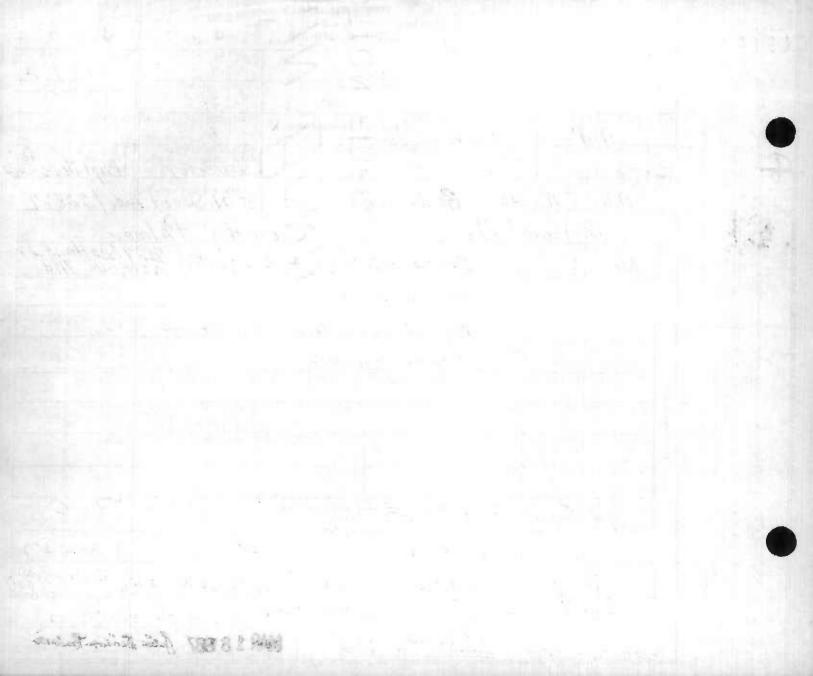
4 FUNERAL DIRECTOR

FOR

TATE!

The Margarity - warmen at a comment of Manager C. Lawrench V. Co., present and C. Lawrench V. - 48 Pila - 19 3/4/82

| | | | | STATE OF MARYLAND | | | | |
|--|---------------|---|--------------------------------|---|-----------------|-----------------------|---------------------|---|
| | 1. | FOR | DEP | ARTMENT OF HEALTH AND MENTA | | Q 7 | n 9 | 2 0 0 |
| 148100 MID 4 | 1, 6 | BEGISTRAR | | CERTIFICATE OF DEATH | | REG. NO. | 0 8 | .3 / 64 |
| TO TUE TIME | | CEASED NAME FIRST | MIDDLE | LAST | 20 DA1 | | | EAR 26 HOUR |
| may be page 3 ter death | | Pamela | 4 | Dre | | , | 3 15 8 | 7 145 AM |
| ma) | 3. SE | | RACE | 5. DATE OF BIRTH | 74.0 | (IN YEARS LAST BIRTHE | DAY) IF UNDER I | YEAR IF UNDER 24 HRS |
| age 4 rector | | genole | black | MONTH DAY YE | | 31 | YRS. | DAYS HOURS MIN, |
| 72 hours | | RTHPLACE (STATE OR FOREIGN 76 | CITIZEN OF WHAT COUN | TRY? 8 MARRIED NEVER MARRIE | D P BALT | IMORE CITY OR | COUNTY OF DEA | гн |
| deoth in 7. | | Md. | U.S.A. | WIDOWED DIVORCE | | Monta | genery | MD. |
| with the first | 10 C | TY OR TOWN OF DEATH | I. NAME OF HOSPITAL, NU | PRSING HOME OR OTHER INSTITUTIO | N I20-US | WORK FOR MOST OF V | VORKING LIFE) INDU | IND OF BUSINESS OR |
| S S S S S S S S S S S S S S S S S S S | 1 | retherda 1 | Juberhan | Hispital | 400 | inselor | Ba | pt. Home CHI |
| 212 | 130 S | AL RESIDENCE (IF NURSING FOME OR OT | | DEFORE ADMISSION) TOWN / 13d. INSIDE CITY LIM | ITS2 112, STD | EET ADDRESS / Z | ZIR CODE | / |
| ND 24 | | Md. Mo | | Hiersbuig YES D NO [| | N. Symi | / // - | 120877 |
| Phine Shine | 14. FA | THER'S NAME | | 15. MOTHER'S MAID | ENNAME | |) | 3,007 |
| MA TE DE | | FIRST MILTON | DOVE LAST | FIRST | Dorot | 54 MIDDLE TA | Almer | 1AST |
| A | | VAS DECEASED EVER IN U.S. ARME | | SECURITY NO. 17 INFORMANT | | ADDRESS | H917 (1 | o Hand IV |
| BALTIMORE, | - { | YES, NO OR INKNOWN) (IF YES, GIVE W | VAR OR DATES) 5/1- | 14-7352 Michelle | Dove 1 | Sister) | ROCKYI | le Md. |
| ALT COO COO | | 18 CAUSE OF DEATH (Enter only | one couse per line for (a). (b | o), and (c).) | | | AFT | PPROXIMATE INTERVAL WEEN ONSET AND DEATH |
| : 4000 | | PART I. DEATH WAS CAUSED IMMEDIATE | BY: (Aidin C | rulmonny Ariest | | | | THE CHAIL AND DEATH |
| W. PRESTON ST the deoth certion the attending pr teremation, or ren treumotic ev | B11 | MMCDIAIL | - / | 1 | | | | |
| STO eoth ve cc on, umo | | Conditions, if any, which | DUE TO, OR AS A CONS | / / / 1 | euly) | ynd ramy | 0 | |
| PR he d | | gave rise to immediate cause (a), stating the |) | | | | | |
| | | underlying couse lost. | DUE TO, OR AS A CONS | | | | | |
| 201 pled priol | | PART 2. OTHER SIGNIFICANT CO | (0) | TO DEATH BUT NOT RELATED TO TH | E TERMINAL DIS | EASE OF CONDI | TION GIVEN IN PA | PT lie |
| quir quir sign Then to bi | Z | | | | | erioe on const | non onen ann | |
| DIVISION OF VITAL RECORDS, NG PHYSICIAN: The low requir attending physicion. After this certificate been sig os the burial-riansit permit. Then th and Mental Hygiene prior to b orked or trem 18 shows any injury | CERTIFICATION | 190 DATE OF OPERATION | 196. CONDITION FOR WI | HICH OPERATION WAS PERFORMED | 20a / | | 20b. IF YES, WERE F | |
| L RE lo ne lo ne. lo ne | IFIC | | | | YES | | IN CERTIFYING CA | NO T |
| VITA VITA VISICIO Cofe Gansif Hygin 8 sho | CER | 21a. ACCIDENT WAS UNDERLYING | 216. TIME OF INJURY | 21c. HOW INJURY C | | | | |
| N OF VI | | OR CONTRIBUTING CAUSE OF DEATH | | DAY YEAR | | | | |
| ONO Iding I Institute Mental | MEDICAL | (IF EITHER NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED | P.M. 21e. PLACE OF INJURY | 211. LOCATION | | | | |
| VISION OF PHER THE CANADA AND AND AND AND AND AND AND AND AN | ME | WHILE NOT WHILE | (AT HOME, STREET, FACTORY, OF | FICE, FARM ETC) STREET | | CITY OR TOWN | COUN | ITY STATE |
| DIN O O O O O O O O O O O O O O O O O O O | 127 | 22a.1 certify that (1) which have be | nttended the decented for | om 2-19 10 | 87 | 3-1 | 6 10 | 14-60 |
| A P P P P P P P P P P P P P P P P P P P | | saw the deceased wine file. | 5-14 | 19 , and that in/(my) (aur) a | pinion death ac | curred on the date | and hour and from | m the couses stated |
| R ATT hospined for ten 2 | | above (II (we) (did) affid not to | view the body ofter death. | DEGREE | | | | DATE SIGNED |
| 0 9 0 90 # | м | Dhuin 1. | Almost . | ATTEND | ING MEDIC | | | 3-15-17 |
| | | ZZd. PHYSICIAN'S NAME ITYPE ORP | glub at n | 1 PHYSIC | IAN DIREC | TOR PHYSICIA | | 1 0) |
| O HOSPITAL eforined by 1) TO FUNERAL should be det with the Store | | Okica | In Schwarz | - 15226 | 6/1/ | rose Rd | #201 1 | Portoute mi) |
| TO HOSPITE retoined by TO FUNERA should be di with the Sto | 23- 5 | SURIAL, CREMATION, REMOVAL | 7.1 | 22 NAME OF CENTYTON OF COL | | OCATION | " -06 | 2085 |
| DD. | | SPECIFY) Burial | 3-18-87 | 231 NAME OF CEMETERY OR CREMA Lincoln Park C | em I | CITY OR TOWN | COUNTY | MD STATE |
| BP | 24 FI | UNERAL DIRECTOR | | 1 1 12 | So DATE DEC'D | | e, Mont | |
| DHMH - 16 60M 7/84 | | NAME | | Washington St. 2 | 1 200 | 8 937 | Line State | The Combatte |
| (VRA 15, 4) | G | eorge R. Snowden | KOCKV111C | e, MD 20850 | | | | |



STATE

REGISTRAR

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0 200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOK YES | 214 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART | OR PART 2) CITY OF TOWN COUNTY STATE (aur) apinion death accurred on the date and hour and from the causes stated 22c. DATE SIGNED MEDICAL STAFF DIRECTOR PHYSICIAN RKLAND 23a BURIAL CREMATION REMOVAL 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION / SPECIEVE Colesville Cemetery Silver Spring Montgomery Burial 250. DATE REC'D. BY REGISTRAR 256, REGISTRAR SAGNATOR 14 FUNERAL PIRECTOR Hines Rinaldi Funeral Home 11800 N.H. Ave., DHMH - 16 60M 7/84 (VRA 15, 4) Sil. Spr. Md.

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

FREG. NO

63

MIDDLE

ADDRESS

Montgomery

26 HOUR

INDUSTRIAL HOPKINS

Physics Lab.

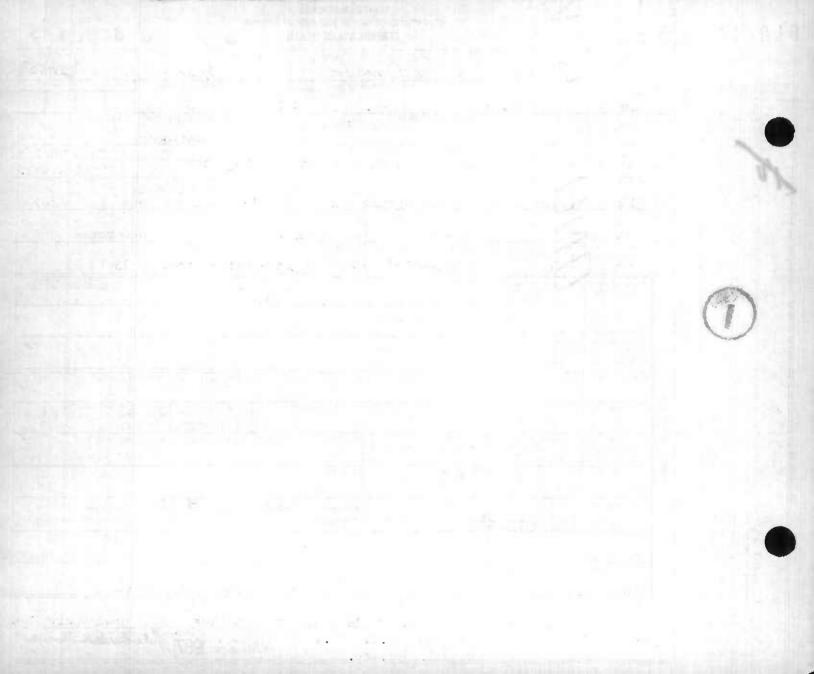
APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

IF UNDER 24 HR

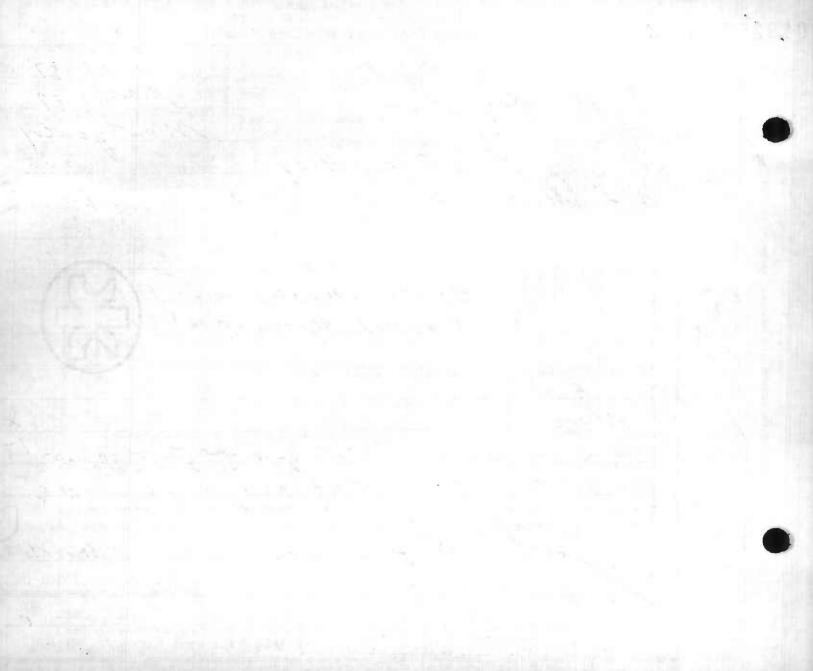
20904

IF UNDER 1 YEAR

McCormick



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 046295 MAR CREGISTRAR L DECEASED NAME 20. DATE KNOWN (TYPE OR PRINT) Mary Louise Dunn DEATH MATED 19 6. AGE (IN YEARS 3 SEX 4 RACE DATE OF BIRTH IF UNDER 1 YR IF UNDER 24 HRS DATE PRONOUNCED TO BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Virginia U.S.A. WIDOWED X DIVORCED 11 NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION Homemaker Homemaker 13e STATE Beaverbrook Ct. 20906 14. FATHER'S NAME MIDDLE LAST FIRS1 Ball Maadelena Morat ADDRES 4616 Saul Rd. daughter (YES, NO, OR UNKNOWN) Kensington, Md. 20895 M. Trevisan 18 CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c) PART I DEATH WAS CAUSED BY DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate couse (o) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. PART 2 DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to CERTIFICATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 28. AUTOPSY? YES 21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR NOT WHILE AT WORK AT WORK EXECUTE THE CHRIFTONE PAGE 4 SHOULD REFORM TO FUNERAL DIRECTOR AFFIRE DEATH. 22e I certify that I taok charge of the remains described above, held an ond in my apinion Accident death resulted fram: Natural causes Undetermined manner TITLE (SPECIFY) ACTUAL SIGNATUR MEDICAL EXAMINER EXAMINETS NAME 1919 Seminary Rd., Silver Spring, Md. John S. Rogers, M.D. 14 BURAL, CREMATION, REMOVAL 236 DATE March 4,1987 Gate of Heaven Cemetery Silver Spring, Montgomery, Md. Burial 07/84 24 FUNERAL DIRECTOR Francis J. Collins, Jr. **DHMH - 17** Md 500 University Blvd. West. Silver Spring, (VR A15 ME (5))

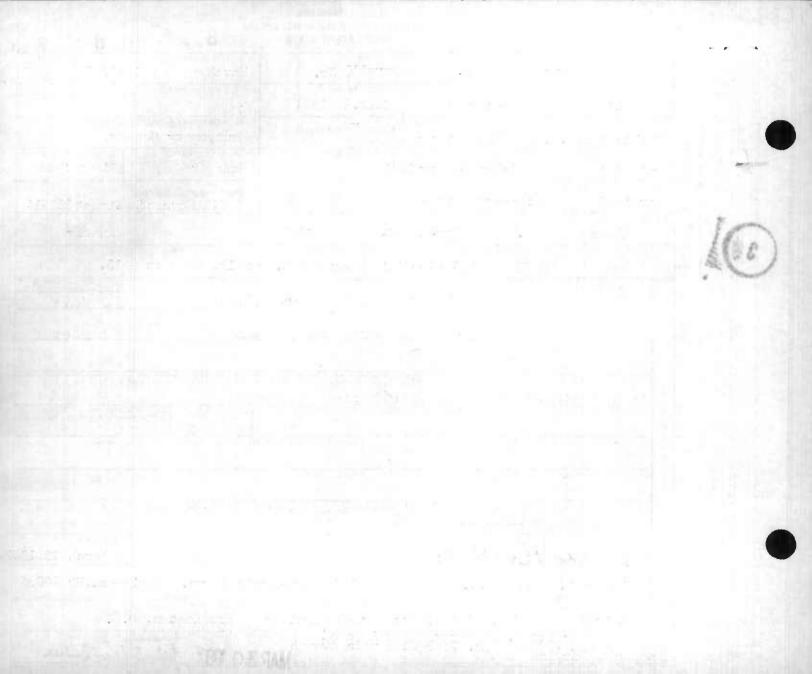


| | | | | | | | | SIAI | E OF MARYLAND | | | | | |
|----------------------------|---|--------|---------------|---------------------------------------|---------------|---------------------|----------------------|--------------|--------------------------|------------|--|----------------|----------------|---|
| 04 | 9609 | APA | 10 | FOR STATE RESISTRAR | | | DEPAR | | ICATE OF DEATH | | 8 REG. N | o. O | 8 5 | 95 |
| | | 100 | | EASED NAME | FIRST | Berlin P | MIDDLE | | AST | 20 | DATE OF DEATH | MONTH [| DAY YEAR | 2b. HOUR |
| | poge 3 | - 1 | (TYPE | OR PRINT) | RIC | CHARD AI | LEN DUP | REE | | | MARCH 28 | | | 11:53 A |
| | d d a | Ch. | 3. SE | (| | 4 RACE | | 5. DATE C | | 6 | AGE (IN YEARS LAST BIR | THDAY) | MONTHS DAYS | R IF UNDER 24 HRS |
| | ector rs of | 10 | М | ALE | | CAUCAS | SIAN | | EMBER 8 193 | 37 | 49 | YRS | NOISING DATS | MIN. |
| | Po di | 30 | | RTHPLACE (STATE OR | OREIGN | | WHAT COUNTR | Y? 8. | | _ 9 | BALTIMORE CITY | R COUNTY | OF DEATH | |
| | nerol nerol | 37 | | CHIGAN | | UNITED | STATES | WIDOWE | D X NEVER MARRIED | _ | MONTGOM | ERY | | MD. |
| | with w | 3 | 10. CI | TY OR TOWN OF DE | ATH | | HOSPITAL, NURS | | OR OTHER INSTITUTION | | a. USUAL OCCUPAT | | 126 KIND | OF BUSINESS OR |
| 5 | s oft | noti | В | ETHESDA | | (IF NOT IN SU | | HOSPI | CAL | 1" | IMPORTER | * WORKING LIFE | | -EMPLOYED |
| 212 | 9 54 | 2/0 | USU | AL RESIDENCE HE NURS | ING HOME OR | | GIVE RESIDENCE BEF | | 1 13d. INSIDE CITY LIMI | UTC2 112 | e.STREET ADDRESS | / 710 CODE | 99 | 196161 |
| N | Tille 22 | 70 | | ORIDA | PINEI | | CLEARW | | YES X NO | | 2620 COVE | | 335 | 20 |
| X | 童 宝宝 | 120 | - | THER'S NAME | | | | | 15 MOTHER'S MAIDE | ENNAME | | | | |
| MAN | 2 75/ | 10 | 1 | FIRST STT.A | | THUR DUE | PREE | | FIRST | TRGIN | IA AGNES | CORRIG | AN | ST |
| E, I | B B W | 00 | | AS DECEASED EVER | IN U.S. AR | MED FORCES? | 166 SOCIAL SE | CURITY NO. | 17 INFORMANT | | ADDR | | | CONTRACTOR OF THE PARTY OF THE |
| BALTIMORE, MARYLAND | 1 10 | 10 | T' | es, no or unknown) | (IF YES, GIV | E WAR OR DATES) | 265-52 | -5621 | TRUDY L.DU | HEREE | 2620 COV | E CAY | #1002 | CLEARWATER |
| ALTI | 4 Det | 1 | | 18 CAUSE OF DEAT | H (Enter on | ly one coure ne | - | | FL 33520 | | ,2020 001 | 3 0211, | | XIMATE INTERVAL NONSET AND DEATH |
| | 1 | eut, | | PART I. DEATH W | 'AS CAUSE | D BY: | RESPIRA | | | O | | | BEIMEEN | ONSET AND DEATH |
| S | 81.20 | * | | | IMMEDIAI | E CAUSE (a) | | | HILORE | | | | | |
| 1010 | 100 | 0 | | Conditions if | | DUE TO, C | R AS A CONSEC | | THE LUNG | | | | | |
| SE SE | 1 | D # | - | Conditions, if any, gave rise to imm | mediate | (b)_ | | | INE LUNG | | | | | |
| 201 W. PRESTON ST., | or se | oth | | cause (a), statin underlying cause | | DUE TO, C | R AS A CONSEG | UENCE OF | | | | | | |
| 201 | s th | ō. | | PART 2 OTHER SIGN | JIEIC ANT C | (c) | ONTRIBUTING T | O DEATH BUIL | NOT RELATED TO THE | E TEDANINI | AL DISEASE OR COL | DITION ON | (ENLINI DARY 1 | |
| DS, | sign hen to be | york. | Z | TAKE OTTEK STOP | VIII ICAIVI C | 201101110110. | OTTINIDOTINO I | O DEATH BOT | NOT KEERIED TO THE | IL TERMINA | AL DISEASE OR CON | DITION GIV | EIN IIN PART I | iu. |
| DIVISION OF VITAL RECORDS, | oeen nit. T | ony it | CERTIFICATION | 190 DATE OF OPERA | TION | - 196. COND | ITION FOR WHIC | CH OPERATIO | N WAS PERFORMED | | 20a AUTOPSY? | 206. IF YES | S, WERE FIND | INGS USED |
| 8 | n. nos b | 3 | FI | | | | | | | | YES X NO | IN CERTIF | | S OF DEATH? |
| ITAI | sicio sicio ote h nsit ygie | of - | ERT | 21a. ACCIDENT WAS UND | DERLYING [| 216. TIME C | OF INJURY | | 21c. HOW INJURY O | OCCURRED | | | | |
| ٦. > | physic physic liftcol liftcol of Hy | E 18 | | OR CONTRIBUTING | CAUSE OF DEA | TH HOUR A | M. MONTH | | | | (Content on the Content on the Conte | | | |
| N | YSIC ding s cer | a H | MEDICAL | (IF EITHER NOTIFY MEDI | | | OF INJURY | 19 | 211 LOCATION | - | | | | |
| /ISIC | r the | 0 | ME | WHILE NOT WE | | | REET, FACTORY, OFFIC | E FARM ETC) | STREET | | CITY OR TO | WN | COUNTY | STATE |
| á | Afte Olth | nork | - | 220 1 certify that (I) | | 4 - 1) - 44 4 - 4 A | | M | ARCH 28 19 | 87 | to MARC | H 78 | 87 | , that (I) (we) last |
| | Tol OR. | is | | saw the decease | | | | 0.7 | nd that in (my) (aur) ap | | , , , | | | |
| | AT AT SECT SECT SECT SECT SECT SECT SECT SEC | E 2 | | 22b. SHOW TORE | fid) (did op | ew the body | after death. | | DEGREE | | | | | E SIGNED |
| | he he hoop | # | | 417 | 7/ | 11 | | | ATTENDI | ING _ / | MEDICAL STA | FF _/ | 2. 1 | M D A DO |
| | FRAL State | 37 | | 22d. PHYSICIAN'S NA | AAE TURE | 1 | | | | | DIRECTOR PHYSIC | MAI | 1301 | 11/K 81/ |
| | SP SP | 18 | | | | | \(\alpha\) | | IN E | | HOSPITAL | | | |
| | 00 000 | # | | G. A. CA | | | | | | | DA, MD 20 | 814501 | . 1 | |
| 100 | 2000 | 1 | | URIAL, CREMATION, | REMOVAL | 236. DATE | | | EMETERY OR CREMAT | | 23d. LOCATION CITY OF TOWN | 2 - 2 | COUNTY | STATE |
| 17.7 | BP | - | | Crematio | n | 4/1/ | 87 | Mt. Co | mfort Crema | | | andria | | |
| | DHMH - 16 60M | 7/B4 | 24 FL | INERAL DIRECTOR | Josep | n Gawle | r's Sons | , Inc. | 2007.6 | | EC'D. BY REGISTRAR | 1 . | Des 8 . | |
| | (VRA 15, 4 |) | 2. | 130°Wiscon | eru V | AG MAM M | asimingto | m, D.C. | 20016 | APR | - 6 1987 | Julia | Dandern. | Kindala |

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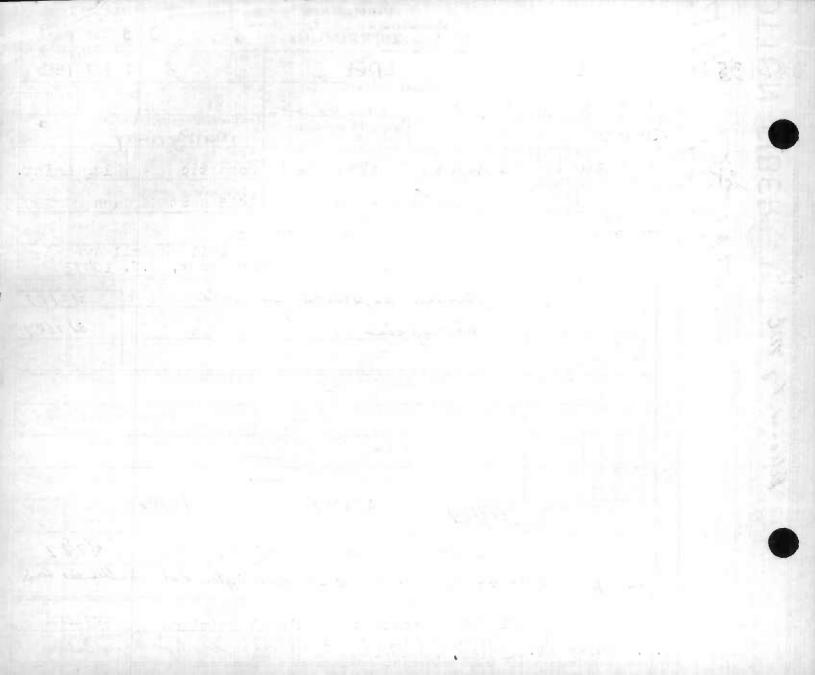
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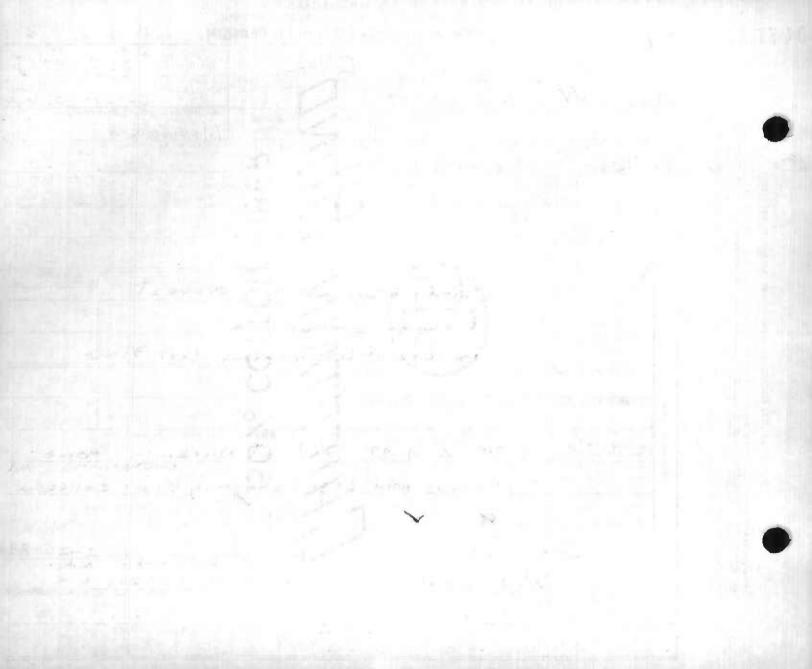
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH CREGISTRAR MIDDLE Valrn LAST Dworshak 20. DATE OF DEATH DECEASED NAME MONTH 2h HOUR TYPE OR PRINTS NAIRN 8. 1987 March 3. SEX & AGE | IN YEARS LAST BIRTHDAY IF UNDER ! YE AR LRACE 5. DATE OF BIRTH MONTH 1924 White Female Mar. To BIRTHPLACE (STATE OF FOREIGN 9 BALTIMORE CITY OR COUNTY OF DEATH 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED COUNTRY Wash., D.C. Montgomery WIDOWED DIVORCED 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12b. KIND OF BUSINESS OR I TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Bethesda 7712 Persimmon Tree Lane Homemaker Own Home USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13h COUNTY 13e.STREET ADDRESS / ZIP CODE 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 7712 Persimmon Tree La./20817 Montgomery Bethesda YESX NOF 14. FATHER'S NAME IS MOTHER'S MAIDEN NAME MIDDLE Wilson Barker Nairn Margaret Darby 166 SOCIAL SECURITY NO. 100909 St. Helena Drive 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 577-40-1786 Margaret D. Waite, Oakton, VA 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0)_ PRESTON ST Canditions, if any, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse last. DIVISION OF VITAL RECORDS, 201 PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 160 20b. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO IT 210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 19 211 LOCATION 21d. INJURY OCCURRED 21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) STREET CITY OF TOWN COUNTY STATE NOT WHILE 220.1 certify that (1) (this haspital) attended the deceased from saw the deceased alive an_ and that in (my) (aur) apinion death occurred on the date and hour and from the causes stated abaye, (1) (we) (did) (did nat) view the body ofter death DEGREE 776 SIGNATURE 221. DATE SIGNED ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN D MPORTANI 22e ADDRESS 3800 Reservoir Rd Wash. DC 23a. BURIAL, CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION 23b. DATE (SPECIEV) Cremation STATE Mt. Comfort Crematory Alexandria, 24 FUNERAL DIRECTOR Joseph Gawler's Sons, Inc. 25a. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE DHMH - 16 60M 7/B4 5130 Wisconsin Ave, NW, Washington, D.C. 20016 (VRA 15, 4)

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(VRA 15. 4)



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH CREGISTRAR PDECEASED NAME O DATE KNOWN 2b. HOUR (TYPE OR PRINT) 100 ESTI-2508 DEATH MATED 6 5. DATE OF BIRTH & AGE (INYEARS | IF UNDER 1 YR. 2d HOUR IF UNDER 24 HRS DATE FUNERAL DIREC LAST BIRTHDAY) PRONOUNCED 100 2-13 -1889 DEAD 6 7a. BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY! aGrange, Illinois USA WIDOWED XX DIVORCED DNTGOMERY 11 NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS Seed Marketing Spec. Dept. of USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) Agriculture 13b. COUNTY 134 INSIDE CITY LIMITS? 134 STREET ADDRESS 13c CITY OR TOWN Maryland Montgomery Kensington 4515 Dresden Street 20895) NO 1 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE Fred C. Edler LAST Adele Groll MAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 166 SOCIAL SECURITY NO. (IF YES, GIVE WAR OR DATES) N/A 579-60-3048 George C. Edler, Jr. - Same As 13 A-E No 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) APPROXIMATE INTERVA RETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: OR REMOVAL. ordio Ros IMMEDIATE CAUSE (a) Canditions, of any, which RNEUMBURG gave rise to immediate cause (a) stating the underlying cause last. left Humanus, Left France PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH RUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (g CERTIFICATION E DEPARTMENT OF HEA OI PRIOR TO BURIAL, CI 190. DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 2D AUTOPSY? YES NO 210. EXTERNAL CAUSE WAS TIME OF INJURY 214 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) UNDERLYING OR 715 P.M. 2 1087 CONTRIBUTING CAUSE OF DEATH NURSINA 71e PLACE OF INIURY 711. LOCATION (AT HOME. EXECUTE THE CERTIFICATE, WRITIN PAGE 4 SHOULD BE FORWARDED TO FUNERAL DIRECTOR; PAGE 3 AFFER DEATH, WITH THE STATE DE BALTIMORE, (MARCHAND, 21201 P. WHILE AT WORK Home 53h Democracy 220. I certify that I took charge of the remains described above, held an Inquiry and in my apinian death resulted fram: Accident Suicide Hamicide Undetermined manner TITLE (SPECIFY ACTUAL EXAMINER'S NAME WISCONSIN (TYPE OR PRINT) 23a BURIAL, CREMATION, REMOVAL 23b DATE 23d. LOCATION 23c. NAME OF CEMETERY OR CREMATORY STATE Lee's Crematory February 26, 1987 Washington, D. C. Cremation 07/84 24 FUNERAL DIRECTOR & Mass. Ave., NESO. DATE REC'D. BY REGISTRAR 136 REGISTRAR'S SIGNATURE **DHMH - 17** William Lee's Sons Co. Washington, D. C. (VR A15 ME (5))



Takoma Funeral Home.

Carroll St. N. W.

DHMH - 16 60M 7/84

(VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

2h HOUR

Takoma

NO [

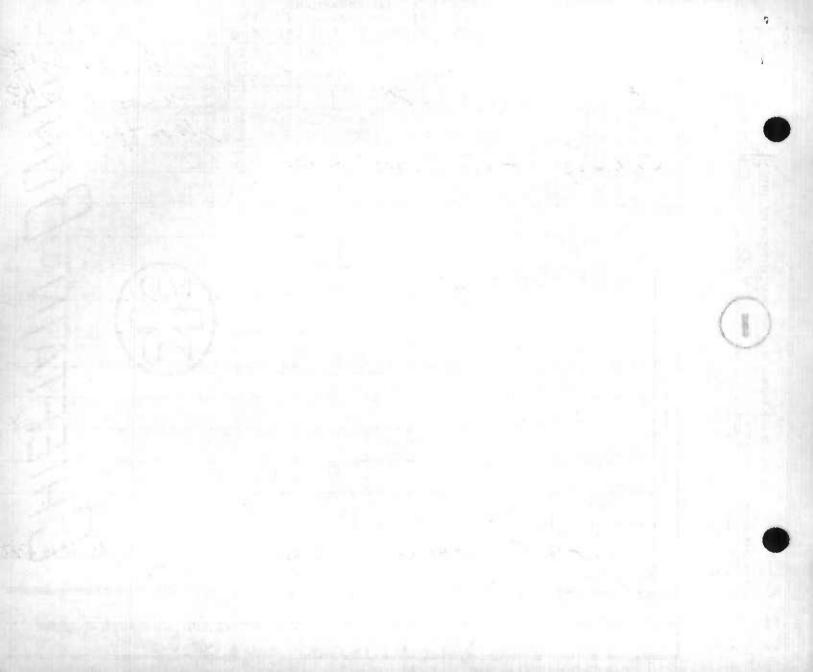
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BY REGISTRAR 256 REGISTRAR'S SIGNATURE

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER REGISTRAR DECEASED NAME KNOWN TTYPE OR PRINTI ESTI DEATH MATER Mona W. Elefsiades 3 SFX 4 RACE & AGE (IN YEARS 2c DATE YEAR PRONOUNCED AND 3 TO THE FUNERAL D RETAIN PAGE 5 FOR YOU HOULD BETNED, MITHIN 7. TO BIRTHPLACE (STATE OR WHAT COUNTRY? MARRIED XNEVER MARRIED FOREIGN COUNTRY! United States Louisiana DIVORCED WIDOWED ID. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 126 KIND OF BUSINESS OR INDUSTRY FOR MOST OF WORKING LIFE! Teacher Education USUAL RESIDENCE (IF IN AURS NG HOME OR OTHER WATER 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET ADDRESS Maryland Montgomery Silver Spring YES [NO 2705 Ara Drive/20906 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE Eddie Oscar Wright Ford Mary 12. INFORMANT Jane 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO (YES, NO. OR UNKNOWN) HE YES GIVE WAR OR DATES! No 437-30-3264 George Elefsiades, same as #13 CAUSE OF DEATH (Enter only one cause per line for 10), (b), and (c). PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10 CERTIFICATION 198. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES [NO X 210 EXTERNAL CAUSE WAS 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART) OR PART 23 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY LATHOME. 21d INJURY OCCURRED 21f LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OF TOWN STATE COUNTY WHILE AT WORK AGE 4 SHOULD BE FORM
5 FUNERAL DIRECTOR:
FIER DEATH, WITH THE ST 220 I certify that I took charge of the remains described above, held an Autapsy Inspection and in my apinian Inquiry death resulted from: Natural causes Suicide Hamicide L Undetermined monner TITLE (SPECIFY) SIGNATURE. Seminary Road EXAMINER'S NAME John S. Rogers, M.D. ADDRESS Silver Spring, MD 230 BURIAL, CREMATION, REMOVAL 236 DATEMarch 23c. NAME OF CEMETERY OR CREMATORY Burial Parklawn Mem. Park Rockville, Maryland 23, 1987 07/84 25M 24 FUNERAL DIRECTO Robert A. Pumphrey Funeral Home 250. DATE REC'D. BY REGISTRAR 250 REGISTRAR'S SIGNATURE **DHMH - 17** Montgomery Ave. Rockville, MD (VR A15 ME (5))



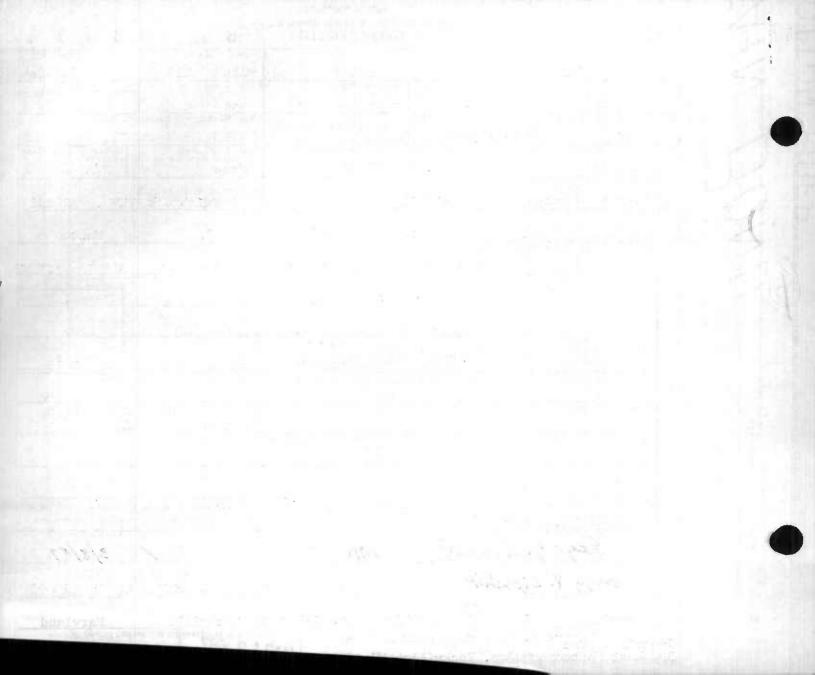
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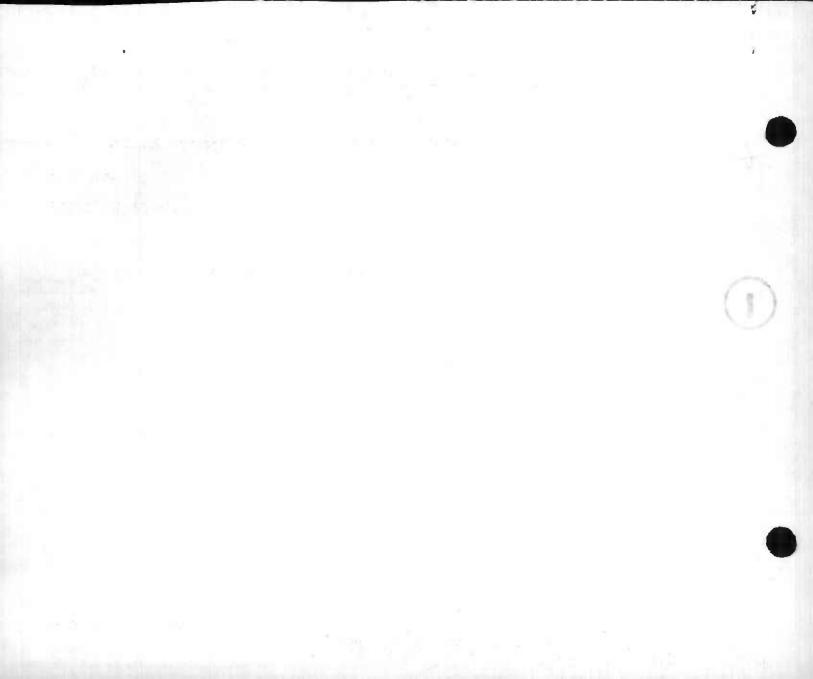
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| | | - | | | CEASED NAME | FIRST | ٨ | AIDDLE | L) | AST | A - 5 | 20 DATE OF DEATH | - | DAY | YEAR | 2b. HOUR |
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| 1 | E S | r. po | | 3 SE | X | 4 | RACE | | 5. DATE O | | YEAR | 6 AGE (IN YEARS LAST | BIRTHDAY) | MONTHS. | R T YEAR DAYS | IF UNDER 24 HRS |
| * | 96 | rector, page 3 urs after death | | F | emale | | White | | Apri | | 1901 | 85 | YRS | | om. o | Min. |
| | P. | direct | 4 | | RTHPLACE (STATE OR FO | DREIGN 76 | CITIZEN OF | WHAT COUNT | RY? 8. | D NEVER A | MARRIED T | 9 BALTIMORE CITY | OR COUN | TY OF DE | ATH | |
| | leo t | and L | CE | | Maryland | | Ameri | | WIDOWE | DE DI | VORCED [| Montgome | ery C | ount | ·V | MD. |
| | i i | he fu | (P) | 10. C | TY OR TOWN OF DEA | TH 11 | | HOSPITAL, NUF | RSING HOME O | R OTHER INST | ITUTION | 120 USUAL OCCUPA (TYPE OF WORK FOR MOS | MOITA | 12b. | KIND O | EBUSINESS OR |
| 201 | 2 | t ed | 100 | | ithersbu | | W150 | 2 Hear | th Care | Center | | Manager | | Fo | od | Service |
| DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 | 24 hau | filled in | 35 | 13a S | AL RESIDENCE (IF NURSI STATE Tryland | ng home or oth 13b. COUNTY Mont | 1 | 130. CITY OR T | OWN | 13d. INSIDE C | ITY LIMITS? | 13e STREET ADDRESS 27305 Rd | S / ZIP CO | Road | 1 2 | 20872 |
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| WA | 9- | 16/ | | | Jesse | Milo | | Becraf | t | Be | ssie | May | | Wat | ki | ns |
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| I W | VII. | 20 | 1/ | | No | | | 217-3 | 2-0535 | Ramon | a Dris | skill | Ite | m #1 | | |
| BAL | 90 | yrici | 1 | | 18. CAUSE OF DEATH PART I. DEATH WA | (Enter only | one couse per | line for (o), (b) | , ond ici.) | 4 . | | | | Bi | APPROXI | MATE INTERVAL DISET AND DEATH |
| ST., | - | d b | | | | IMMEDIATE (| | Metasta | tre Bru | est Can | umme | | | 4 | Years | |
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| REST | 90 | 910 | you | | Conditions, if ony, gove rise to imm | | (b)_ | | | | | | | | | |
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| RDS, 20 | quires | | njury, | | PART 2. OTHER SIGN | IFICANT COI | NDITIONS CO | ONTRIBUTING | TO DEATH BUT | NOT RELATED | TO THE TERM | INAL DISEASE OR CO | NOITION | IVEN IN P | ART 110 |) · |
| S | 30 | beer | and and | CERTIFICATION | 190. DATE OF OPERAT | ION | 19b. COND1 | TION FOR WH | ICH OPERATION | N WAS PERFO | RMED | 200 AUTOPSY? | 20b. IF Y | ES, WERE | FINDIN | IGS USED OF DEATH? |
| AL N | he la | has | | E | | | | | | | | YES NO | | YES [| AUSES | NO [] |
| OF VIT | PHYSICIAN: 7 ending physic | s certificate burial-transit | frem & sh | | 210. ACCIDENT WAS UNDER OR CONTRIBUTING C. (IF EITHER, NOTIFY MEDIC | AUSE OF DEATH | 21b. TIME O HOUR A. | M. MONTH | DAY YEAR | 21c. HOW IN | JURY OCCURR | ED (ENTER NATURE OF IN | JURY IN ITEM) | B PART I OR I | PART 2) | |
| O | HYSI | buri | 5 5 | MEDICAL | 214. INJURY OCCURR | | 21e PLACE | OF INJURY | | 211. LOCATIO | N | CITY OR | TOWN | col | YINL | STATE |
| IVIS | offe a | ter t | marked | × | WHILE NOT WHI | K | (AT HOME STR | EET, FACTORY, OFF | CE, FARM ETC.) | SINCE | | CITTON | 101111 | | ,,,,, | STATE |
| ۵ | o o | A Af | is ma | | 22a.1 certify that (+) | (this hospital | | e deceosed fro | 111 | VEMBER | 1982 | , to | /15 | , 19 87 | | that (I) (we) lost |
| | TTE | for for | 21: | | sow the decease above, (I) (we) (de | d olive on | iew the body | ofter death. | 9 <u>87</u> , on | d that in (my) | (oor) opinion o | leath occurred on the | date and h | our ond fr | om the | causes stated |
| | OR A e has | DIRE | f Hem | | 22b. SIGNATURE | 1. 1 | j | | [| DEGREE | | 1 | | 220 | . DATE | SIGNED |
| | - £ | | | | Syn | 10. yo | home | | / | | PHYSICIAN | MEDICAL ST | AFF SICIAN [| | 3/2/1 | 87 |
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| | Te | - 52 | > = | 23a. E | BURIAL, CREMATION, F | | 23b. DATE | | 3c. NAME OF C | EMETERY OR C | REMATORY | 23d. LOCATION | | COUNT | Y | STATE |
| | BP_ | | _ | | Burial | | 3/24/ | 87 | Montgo | omery | | Damas | cus | Mont | g. | Md. |
| | DHMH | | | | UNERAL DIRECTOR | | | ADDRE | 55 | | 25a DATE | AR 2 4 198 | | | | |
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE CERTIFICATE OF DEATH REG. NO. REGISTRAR MIDDLE 20 DATE OF DEATH MONTH YEAR 2h HOUR I. DECEASED NAME LIVPE OR PRINTS Evensen Frieda 3 Suhr IF UNDER 1 YEAR 6. AGE (IN YEARS LAST BIRTHDAY) & LINDER 2 LHRS 4 RACE 5. DATE OF BIRTH 3 SEX MONTH DAY YEAR Caucasian 12 88 BALTIMORE CITY OR COUNTY OF DEATH 76. CITIZEN OF WHAT COUNTRY? 70 BIRTHPLACE MARRIED NEVER MARRIED COUNTRY NewYork United States WIDOWEDTY DIVORCED | Montgomery County. 126 KIND OF BUSINESS OR 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 10. CITY OR TOWN OF DEATH [TYPE OF WORK FOR MOST OF WORKING LIFE] INDUSTRY LE NOT IN SUCH FACILITY GIVE STREET ADDRESS) SYLVAN MANOR HERLITH CARE Clerk and Homemaker Own Home USUAL RESIDENCE (IF NURSING HOME OF OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13e.STREET ADDRESS / ZIP CODE 136 COUNTY 130 STATE 13d. INSIDE CITY LIMITS? ettesdo Montarmera 5822 Osceola Road 20816 Moralan NO [14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME LAST ALIDOLE Not Available Grefe Henry 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT LYES NO OR UNKNOWN) same as 13 083-38-3738 NO Herbert H. Suhr son APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY andrac Arrest minutes IMMEDIATE CAUSE (o). DUE TO, OR AS A CONSEQUENCE OF Hypertensive Vascular Disease Conditions, if any, which gave rise to immediate couse (a), stating DUE TO, OR AS A CONSEQUENCE OF underlying cause Theroscherosis PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20h JE YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO I NOM YES [21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) 21h TIME OF INJURY 21a. ACCIDENT WAS UNDERLYING HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (# EITHER NOTHY MEDICAL EXAMINER) 19 P.M 211 LOCATION 21d. INJURY OCCURRED 21e. PLACE OF INJURY COUNTY STATE CITY OR TOWN LAT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) orked NOT WHILE Mar 220.1 certify that (1) (this hospital) attended the deceased from, saw the deceased alive an 3 and that in (my) (our) apinion death occurred on the date and hour and from the causes stated above, (1) (we) (did) (did not) view the body after death. 22c DATE SIGNED 22h. SIGNATURE DEGREE ATTENDING / MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN MPORTANT: 22ª ADDRESS 278 PHYSICIAN'S NAME (TYPE OR PRINT) ld b Ut Isconsin Ave Chary Close Mi 0 March March 23d. LOCATION 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, REMOVAL COUNTY I SPECIFY) 24. 1987 Cypress Hills Cemetery Brook1vn Entombment ^{24 FUNERAL DIRECTOR ROBERT} A. Pumphrey Funeral Home / Bethesda-Chevy Chase, Inc. 7557 Wisconsin Av Bethesda, Maryland 20814 250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE DHMH - 16 50M 4/83 Wisconsin Ave. (VRA 15, 4)



| March 12, 1987 | | .TC | feitfex, | Clyde G. | |
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| may be page 3 | | CEASED NAME OR PRINT) | FIRST I | uke | Fec | ian | Fegan | 2: | a. DATE OF DEATH MONTH | -11-87 | 26. HOUR |
| ge 4 may ector, po rs ofter c | 3. SE. | x Male | | * RACE White | | S. DATE O | • 9 • 1896 | | AGE (IN YEARS LAST BIRTHDAY) | IF UNDER 1 YEAR MONTHS DAYS | IF UD OER 24 HRS HOURS MIN. |
| nerol dir | 7a B | RTHPLACE (STATE OR F | OREIGN | 76 CITIZEN OF V | | MARRIEI WIDOWE | NEVER MARRI | ED 🗀 | BALTIMORE CITY OR CO | | sunha |
| s after d | 12 | OR TOWN OF DEA | 2 | 11. NAME OF I | HOSPITAL, NUI | RSING HOME O | SOITA | ON 12 | THE OF WORK FOR MOST OF WORK | KING LIFE) 126 KIND C INDUSTRY Corps of | Kruny Es OR Engineers |
| AND 212 | | AL RESIDENCE (# NURS STATE MD | 13b COUN Mon | OTHER INSTITUTION | GIVE RESIDENCE BE 131 CITY OF T Kensit | efore admission) OWN 18 ton | 13d. INSIDE CITY LIA | | street ADDRESS / ZIP 3500 Kent St | CODE 208 | 395 |
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| TIMORE, | | VAS DECEASED EVER YES, NO OR UNKNOWN) | | MED FORCES? E WAR OR DATES) | 579-32 | 2-0059 | 17 INFORMANT Ella Lee | Fega | n Same as i | tem # 13 | |
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| ECORDS, 201 V ow requires that been signed by prior to buriel, or of | CERTIFICATION | | NIFICANT (| buch | limoni | a. | MANUTARED TO THE | ed a | AL DISEASE OR CONDITION AL DISEASE OR CONDITION 200 AUTOPSY? 200 AUTOPSY? | - // | NGS USED |
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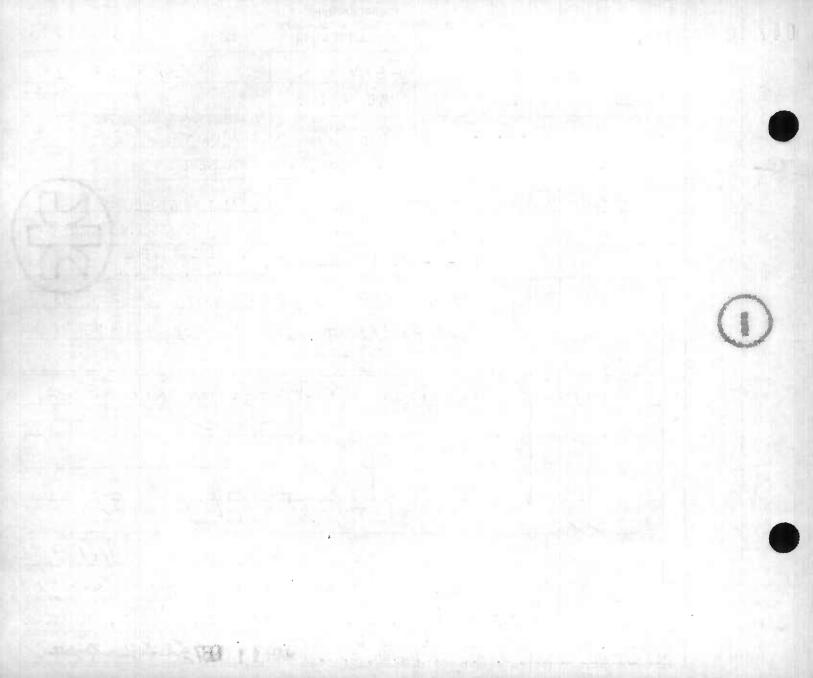
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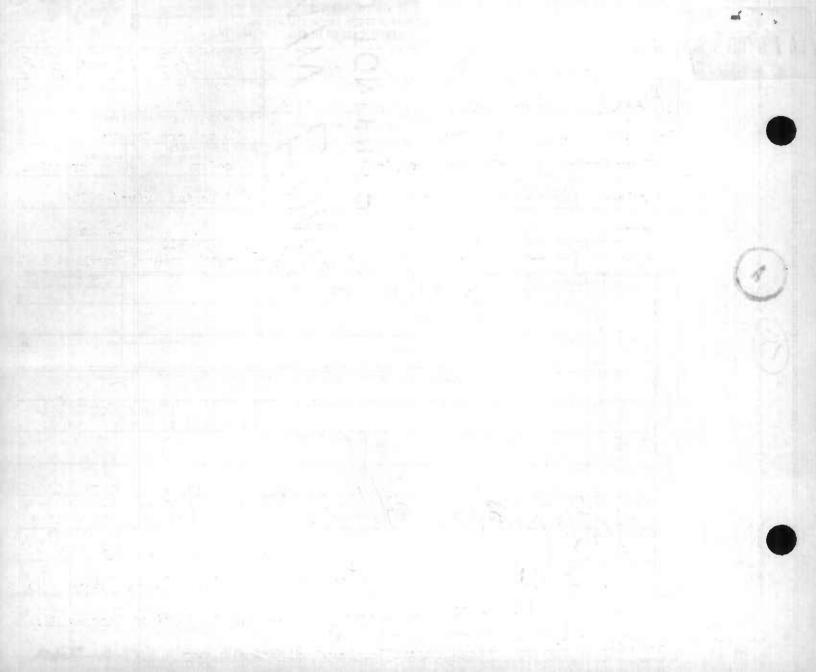
The Taylor Harden's Boso, Inc.

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STATE OF MARYLAND



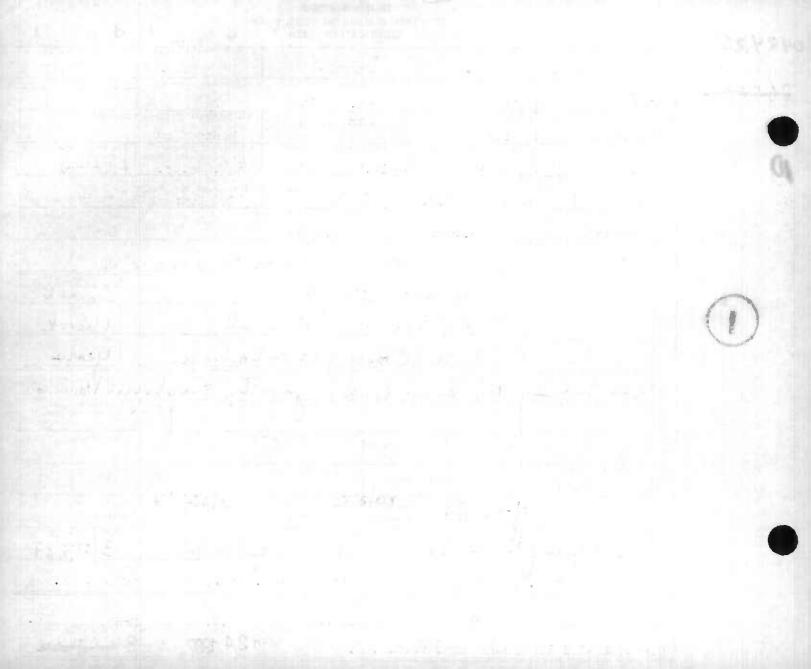
STATE OF MARYLAND

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| 5 | 1 day | SIMPLACE (STATE OR FOREIGN | | MARRIEI WIDOWE | D DINORCED | 9 BALTIMORE CITY O | | DEATH | MD. |
| 8 | 1 | Silver Spring | 11. NAME OF HOSPITAL, NURSING | SORESS) | PROTHER INSTITUTION | TYPE OF WORK FOR MOST | | NOUSTRY | BUSINESS OR |
| 5 | 13a. S | Md. PG | Hyatts LAST | | YES NO I | MIDDIE | dale D | IAST | 782 |
| 2 | | VAS DECEASED EVER IN U.S. AR | MED FORCES? 160 SOCIAL SECUR | ITY NO. | 17 INFORMANT Nelson Fer | ADDRE | SS | telbl Same | |
| | Z. | Conditions, if any, which gove rise to immediate couse in, storing the underlying cause last. | DUE TO, OR AS A CONSEQUENT OF AS | 20 - 1 KE OF MC - | NOT RELATED TO THE TERMI | NAL DISEASE OR CONI | DITION GIVEN II | N PART 11a | |
| 7 | CERTIFICATION | 19a. DATE OF OPERATION | 196 CONDITION FOR WHICH C | PERATIO | N WAS PERFORMED | 200 AUTOPSY? | 20b. IF YES, WE IN CERTIFYING | G CAUSES O | S USED F DEATH? |
| ? | | 210. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEA | HOUR A.M. MONTH DAY | YEAR | 21c. HOW INJURY OCCURR | ED (ENTER NATURE OF INJUR | RY IN ITEM 18 PART I | OR PART 2) | |
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| | | sow the deceased alive on | ital) attended the deceased from | | d that in (my) (aur) apinian d DEGREE | MEDICAL _ STAF | F | | |
| 1 | | 22d. PHYSICIAN'S NAME (TYPE O | - / - / | ~ · <u>J</u>) | 22e ADDRESS | Hospital S | | 7.3.7 | 0 / |
| | 4 | urial, cremation, removal Cremation | 4/4/87 Me | etro | emetery or crematory politan Cres | | lex.Va | | STATE |
| | 74 F | NEKAL DIKECIOR _ 1 44 | 11800 New Hami | n A 37 | O S S MASO DATE | REC'D. BY REGISTRAR | 256 REGISTRAR" | SSIGNATUR | E. N |

DHMH - 16 60M 7/84 (VRA 15, 4)

STATE OF MARYLAND

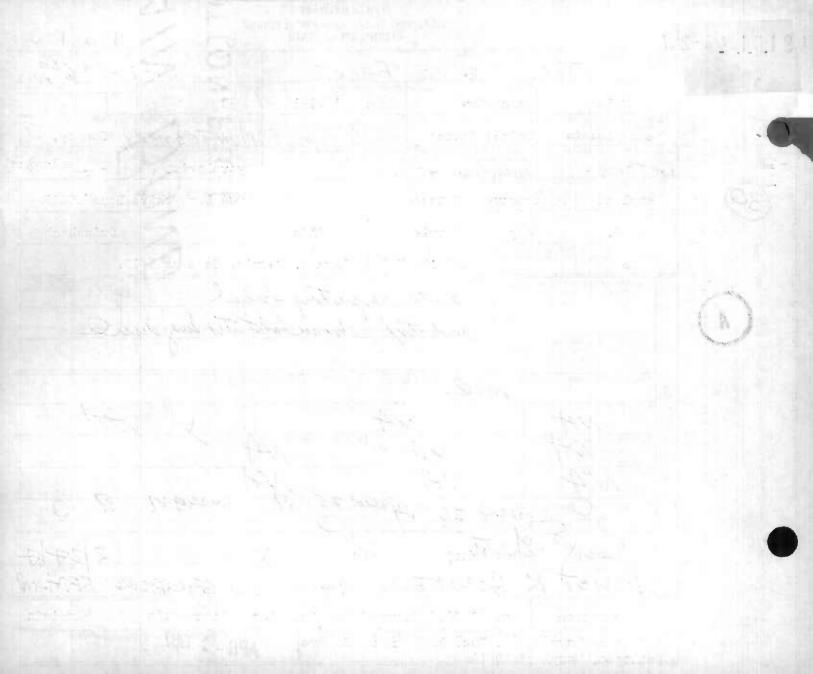


STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 049906 AR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR I DECEASED NAME 20. DATE KNOWN MONTH DAY 2b HOUR (TYPE OR PRINT) ESTI-DEATH MATED X Kenneth Ferrell L. 87 19 4. RACE 6. AGE (IN YEARS 3. SEX DATE OF BIRTH IF UNDER 1 YR. IF UNDER 24 HRS DATE 2d HOUR BIRTHDAY PRONOUNCED 2:20 BLACK APRIL 23,34 MALE DEAD 3 - 3019 87 YRS a. M TO BIRTHPLACE (STATE OR Th CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED KNEVER MARRIED VIRGINIA UNITED STATES WIDOWED [DIVORCED Montgomery County, ID CITY OR TOWN OF DEATH 20. USUAL OCCUPATION ITYPE OF WORK 126 KIND OF BUSINESS II NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION Silver Spring 2521 Ross Road - laundry room URSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE REFORE ADMISSION YES NO 2519 ROSS ROAD / 20910 MARYLAND 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE MIDDLE TOWNEY FERRELL ANNTE JONES 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17. INFORMANT Ft. Campbell, Ky (YES NO, OR UNKNOWN) 226-42-7088 NO Kenneth A. Ferrell 42223 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: Hanging IMMEDIATE CAUSE (o)_ DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:00 19a DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES XX NO [THE CERTIFICATE, WRITING THE WORK SHOULD BE FORWARDED TO THE CONTINUE BETWEEN THE STATE DEPARTMENT ORE, MARYLAND, 21201 PROR 170 BL 710 EXTERNAL CAUSE WAS HOUR A.M. MONTH DAY YE 21c HOW INJURY OCCURRED JENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 21 UNDERLYING MOR subject hanged himself 3-29 CONTRIBUTING CAUSE OF DEATH TIE PLACE OF INJURY (AT HOME. 211 LOCATION 214. INJURY OCCURRED AT WORK AT NOT WHILE STREET, FACTORY, FARM, ETC.) 2521 Ross Rd., Silver Spring, Montgomery laundry room Co. Ma. Autopsy XX 22s. I certify that I taak charge of the remains described above, held an Inspection Inquiry and in my opinion vicide XX Natural causes Hamicide ___ Undetermined monner ACTUAL Assistant DATE 3-30-87 SIGNATURE MEDICAL EXAMINER EXAMINER'S NAME Dennis F. Smyth, M.D. 111 Penn St., Balto., Md. 21201 TYPE OR PRINT 23a. BURIAL, CREMATION, REMOVAL 23b DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION COUNTY STATE APRIL 4, 1987 PLEASANT VALLEY CEM 07/84 24 FUNERAL DIRECTOR HAMILTON VIRGINIA 25M **DHMH - 17** POMONKEY, MD. (VR A15 ME (5)) THORNTON FUNERAL HOME

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4/14

| | | | | | STAT | E OF MARYLAND | the and the | |
|--|---------------|---|---------------------------|--------------------------|----------------|-------------------------------|---|---|
| District the second | 1. | FOR STATE | | DEPARTA | | EALTH AND MENTAL HY | GIENE | 0 1 1 |
| 9 1 0 1 188 -2 | 87 | REGISTRAR | | | CERTIF | ICATE OF DEATH | 8 reg. No. | 8513 |
| 0 1,0,1, 2 | | CEASED NAME FIRST | 1 | MIDDLE | 1 | AST | 20. DATE OF DEATH MONTH | DAY YEAR 26 HOUR |
| oy be oge 3 death | 1111 | Jo | 600 | G. | 1-6 | PRRIS | 03- | 26-87 650 pm M |
| moy b poge er deo | 3. SE | | 4 RACE | | S. DATE C | | 6 AGE (IN YEARS LAST BIRTHDAY) | IF UNDER 1 YEAR IF UNDER 24 HRS |
| rector urs off | | Male | Caucasi | | June | 15,1913 | 73 YRS | MONTHS DAYS HOURS MIN. |
| 20 P P | | RTHPLACE (STATE OR FOREIGN | 76 CITIZEN OF | WHAT COUNTRY? | 8. MARRIE | NEVER MARRIED | BALTIMORE CITY OR COUNT | |
| San Jan Beat | | ennsylvania | United | | WIDOWE | D DNORCED | MONTGOMER | County, MD. |
| s ofter o | Bi | ethesda | SUDUR | CHEACHITY, GIVE STREET | ADDRESSI | OR OTHER INSTITUTION | 120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LI Hydrologist | 12b. KIND OF BUSINESS OR INDUSTRY Geological Survey |
| 25 | USU | AL RESIDENCE (IF NURSING HOME TATE 136 CO | OR OTHER INSTITUTION | GIVE RESIDENCE BEFORE | ADMISSION | The broker commence | La concer appears and con- | |
| DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 212: ING PHYSICIAN: The low requires that the death certificate be executed with the death certificate by six of the burial-transit permit. Then please is not contained by the | M | laryland Mon | ntgomery | Betheso | la | YES NO A | 9904 Derbyshire | E Lane/20817 |
| RYL | 14. FA | THER'S NAME FIRST | MIDDLE | LAST | | 15 MOTHER'S MAIDEN N | AME | TACT |
| make ond | 1 | J. | Guy | Ferris | | Hilda | MIDDLE | Driesbach |
| PRE, | | VAS DECEASED EVER IN U.S. | ARMED FORCES? | 166 SOCIAL SECU | | 17. INFORMANT | ADDRESS | |
| Poge | | No | ONE WAR OR DATES | 207-10-7 | 7798 | Clara E. Fe | erris, Same as # | 13. |
| SALT Sicio persolo ol | | 18. CAUSE OF DEATH (Enter | only one cause pe | r line for (a), (b), and | d icui | | 1 . 0 | APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH |
| M | | PART I. DEATH WAS CAU | SED BY: ATE CAUSE (0) | ante | re | smiton + | ment | |
| NO Property | | | DUE TO C | R AS A CONSEQUE | NGE OF | 1, 10 | 141 | |
| PST de l | | Conditions, if any, which | (16)_ | endist | ul | chrone o | listrules lung des | en |
| a e e | | gove rise to immediate couse [0], stating the | DUE TO O | R AS A CONSEQUE | NCE OF | | 0 | |
| hot hot by cr | | underlying couse last | (10) | | | | | |
| ires theres the number of the place of the p | | PART 2 OTHER SIGNIFICAN | CONDITIONS C | ONTRIBUTING TO D | EATH BUT | NOT RELATED TO THE TER | MINAL DISEASE OR CONDITION GI | VEN IN PART 110 |
| PRDS SIGN SIGN The The Injury | ION | | no. | 20 | | | | |
| e cow | CERTIFICATION | 190 DATE OF OPERATION | 196 COND | ITION FOR WHICH | OPERALIO | WAS PERFORMED | 20a AUTOPSY? 20b. IF YE | S, WERE FINE IGS USED FYING CHUST OF DEATH? |
| ALR ion. | TIF | NA | STATE AND ADDRESS. | | VH | | YES NOT Y | NO D |
| VITA NA: TI hysici icote icote ronsi Hygi | CER | 210. ACCIDENT WAS UNDERLYING | 216. TIME C | | Y YEAR | 21c. HOW INJURY OF CU | ONTER NATURE OF INJURY IN ITEM 18 | PART 1 OR PART 2) |
| or servit | CAL | OR CONTRIBUTING A CALLE OF | VER) P. | M 90 A | 19 | / | ~ | |
| PHYS Indin | MEDICAL | 21d INJURY OCCURRED | 21e PLACE (AT HOME, ST | OF INJURY A | ARM, ETC) | 211. LOCATION STREET | A CITY OR TOWN | COUNTY STATE |
| OIVIS officer of the hon orkeo | 2 | AT WORK | | 1 - 1 | | 1 | | |
| VDIT Lor Second | | 220.1 certify tha (I) this ho saw the deceased alive above (II) we) (did) aid | spital) attended th | e deceased from_ | mel | UA 25, 1981 | | 19, tha (1) (we) lost |
| NTTE Spirto CTO For of For | | saw the deceased alive above (1) we) (did) (did | nat Niew the body | ofter death. | , or | id that yr (my) (aur) apinia. | n death occurred on the date and how | ui and from the causes stated |
| OR A bort Ched Dept | | 22b. SIGNATURE | 01 - | 1 | | DEGREE | | 22c. DATE SIGNED |
| - # 1 # a # | | rent | There | rem | N | ATTENDING PHYSICIAN | MEDICAL STAFF DIRECTOR PHYSICIAN | 12/22/17 |
| HOSPITAL ined by the FUNERAL wild be det h the State | | 220. PHYSICIAN'S NAME LIVE | FOR PRINT) | | | 22e ADDRESS | /~ | 410 |
| | | ELU61 | K 60 | USTE | 4 | 19410 | OU GENEGETO | WN BETH-M |
| 5 f o d g ₹ | | URIAL, CREMATION, REMOV | | | | EMETERY OR CREMATORY | 23d LOCATION | |
| BP | | Cremation | | | | olitan Cremat | ory Alexandria | Virginia |
| DHMH - 16 60M 7/84 | 24 FL | neral director Robe ethesda-Chevy | Chase. | nc. 7557 | meral Wisco | Home/ onsin Ave 25a. D/ | TE REC'D. BY REGIST BARTST REGIS | CRAR'S SIGNATURE |
| (VRA 15, 4) | | ethesda. Mary | | | | | APR-1 PP | |



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STATE OF MARYLAND

| 5 | REG. NO. | 0 | 8 | Ó | 1 | 6 |
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| MAR | 1/2 | FOR STATE REGISTRAR | | | EALTH AND MENTAL HYG | 8 / | 08614 |
|---|----------|---|--------------------------------|-----------------------------------|--|-------------------------------------|---|
| | 1 DEC | CEASED NAME FIRST | A | AIDDLE | A51 | REG. NO | MONTH DAY YEAR 26 HOUR |
| | (TYPE | PATR | ALDI | m Fin | nell | - | 3 5 87 730 |
| | 3. SE | | 1. RACE | S. DATE C | | 6 AGE (IN YEARS LAST BIRE | |
| | | Female | (A) HI | ITE MONTH | 23 25 | 61 | YRS. MONTHS DAYS HOURS MIN. |
| 111 | | RTHPLACE (STATE OR FOREIGN | 76 CITIZEN OF | WHAT COUNTRY? 8. | D XX NEVER MARRIED | 9 BALTIMORE CITY O | R COUNTY OF DEATH |
| +1 | | Washington, D. C | . United | d States WIDOWE | | MONT | GOMERY Country. |
| 1 | 10 CI | ITY OR TOWN OF DEATH | | HOSPITAL, NURSING HOME (| OR OTHER INSTITUTION | 12a USUAL OCCUPATION | ON 12b. KIND OF BUSINESS OR |
| 16 | 6 | ETHESDA | SUB | LRBAN | Hospital | Homemaker | . Own Home |
| 5 | | AL RESIDENCE (IF NURSING HOME OR STATE 13b COUN | | 136 CITY OR TOWN | 13d INSIDE CITY LIMITS? | 13e STREET_ADDRESS | ZIP CODE |
| | | | gomery | Bethesda | YES NO K | | wood Drive/20814 |
| | 14. FA | ATHER'S NAME FIRST | MIDDLE | LAST | 15. MOTHER'S MAIDEN NAM | AE MIDDLE | LAS1 |
| | | | bett | Anderson | Viola | В. | Means |
| | | VAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOWN) (IF YES, GIV | MED FORCES? E WAR OR DATES) | 166 SOCIAL SECURITY NO. | 17 INFORMANT | | Edbury Road 28205 |
| E . | | No | | 579-26-7912 | Jeanne F. Ba | rbee Charlo | ttesville,Virginia |
| | | 18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE | ly one couse per | line for to), (b), and (c).) | 0 | 4. | APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH |
| D | | | E CAUSE (o) | Carcl | 10 Resp. | racord a | incer |
| E C | | | DUE TO, OF | R AS A CONSEQUENCE OF | | | - 0 |
| | | Conditions, if any, which | (b)_ | Cerebi | -o voscul | or be | Topsi |
| | | gave rise to immediate cause (a), stating the | DUE TO, OF | R AS A CONSEQUENCE OF | | | |
| 5 | | underlying couse lost | (c) | | | | |
| | Z | PART 2 OTHER SIGNIFICANT (| ONDITIONS <u>CC</u> | INTRIBUTING TO DEATH BUT | NOT RELATED TO THE TERM | INAL DISEASE OR CON | DITION GIVEN IN PART 110 |
| | FICATION | 190 DATE OF OPERATION | 19b. CONDI | TION FOR WHICH OPERATIO | N WAS PERFORMED | 20a AUTOPSY? | 206. IF YES, WERE FINDINGS USED |
| | FF | LINE TO REAL PROPERTY. | W 5 | | | YES NOT | IN CERTIFYING CAUSES OF DEATH? YES NO NO |
| | CERT | 210. ACCIDENT WAS UNDERLYING | | | 21c HOW INJURY OCCURR | | |
| Cop | CAL | OR CONTRIBUTING CAUSE OF DEA | (In | M, MONTH DAY YEAR M. 19 | | | |
| . / | MEDIC | 214 INJURY OCCURRED | 21e PLACE O | OF INJURY | 211 LOCATION | CITY OR TO | WN COUNTY STATE |
| 2 | \$ | WHILE NOT WHILE AT WORK | (AT HOME, STR | EET, FACTORY, OFFICE, FARM, ETC.) | STREET | CITY OR TO | AN COUNTY STATE |
| | | 220.1 certify that (I) (this hospi | tal) attended the | deceased from | 19 75 | | 5 , 19 87 that (I) (m) lost |
| - - - | | 41 1 1 1 | 3-1 | 19 27 . 01 | nd that in (my) (prinion o | death accurred on the de | te and hour and Iram the causes stated |
| | | sow the deceased alive an | view the body | atter death | | | |
| | | obove, (1) (did) (did no 22b. SIGNATURE | view the body | | DEGREE | | 22c. DATE SIGNED |
| | | above, (1) (did) (did no | view the body | | ATTENDING | MEDICAL STAF | 5 5 5 |
| | | above, (I) (did) (did no | PRINT) | | ATTENDING | DIRECTOR PHYSIC | 5 5 5 |
| | | above, (I) (did) (did no | view the body | | ATTENDING PHYSICIAN PARTIES ADDRESS | DIRECTOR PHYSIC | FIAN 3-5-87 eso ma. |
| | | obove, (ILAT) (did) (did no 22b. SIGNATURE 22d. PHYSICIAN'S NAME 140PE C | R PRINT) 23b DATE | ber REGIONAME OF C | ATTENDING PHYSICIAN EAST PHYSICIAN EAST PHYSICIAN EAST PHYSICIAN EAST PHYSICIAN EAST PHYSICIAN P | 23d LOCATION | 1N Ave |
| | (| obove, (I) (did) (did) (27b. SIGNATURE 27d. PHYSICIAN'S NAME UNDER COMMENTAL CREMATION, REMOVAL SPECIFY) BURIAL, CREMATION, REMOVAL | 23b DATE Mar. 9. | Der 1987 Arlingt | ATTENDING PHYSICIAN PARTIES AND WE PARTIES OF CREMATORY CON National | OTRECTOR PHYSIC | 1N Ave |
| - TANA - | (| obove, (ILAT) (did) (did no 22b. SIGNATURE 22d. PHYSICIAN'S NAME 140PE C | 23b DATE Mar. 9. | Der 1987 Arlingt | ATTENDING PHYSICIAN PARTIES AND WE PARTIES OF CREMATORY CON National | 23d. LOCATION CITY OF TOWN Arlingto | FIAND 3-5-87 RESOUND. COUNTY STATE |

DHMH - 16 60M 7/84 (VRA 15, 4)

IMPORTANT: If them 21 is marked or them 18 shows any injury, ar other troumatic

THE PLANT OF THE COURSE OF THE WITTE THE TEN DOWNERS

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| 48047 HAR 21 | A | REGISTRAR | | | CERTIF | ICATE OF DEATH | REG. NO. | 000 | |
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| s of o | | -9 | W | | MONTH | | 64 | YRS. MONTHS DAYS H | IOURS MIN. |
| 2 42 11 | | | | WHAT COUNTRY? | 8 | | BALTIMORE CITY OR CO | | |
| 机联学人 | | country) | 1104 | | WIDOWE | DI DINORCED | Montgome | 711 | |
| 100 | | ITY OR TOWN OF DEATH | | | G HOME C | OR OTHER INSTITUTION | 12a USUAL OCCUPATION | 126 KIND OF B | JUSINESS OR |
| - 5/4× | 0:1 | Purate Continue | | CH FACILITY, GIVE STREET A | | | (TYPE OF WORK FOR MOST OF WOR | | |
| 120 | USU. | AL RESIDENCE (IF NURSING HOME OR O | HOLU THER INSTITUTION | GIVE RESIDENCE BEFORE | ADMISSION) | | Billing Super | | corp. |
| 20 元 题图人 | | state 136. COUNT | | 13c CITY OR TOWN | | 13d. INSIDE CITY LIMITS? | 13e STREET ADDRESS / ZIP | | |
| IN THE STATE OF | | ryland Montgo | omery | Silver Sx | ring | YES NO S | 1 9611 Burgess | Lane | 20901 |
| A 1 15/4/ | | FIRST MI | DDtE | LAST | | FIRST | WIDDLE | LAST | |
| A S ES S | 14 - 3 | Elzeard WAS DECEASED EVER IN U.S. ARM | ED FORCES | Lagace | | Alma | ADDRESS | Cote | |
| O pares | | YES, NO OR UNKNOWN) (IF YES, GIVE | WAR OR DATES) | | | 17 INFORMANT | | | |
| BALTIMORE, be execu- for ond er fr. Poges it, the medice | | yes www I | | 021-18-88 | 67 | Michael J. F. | lanagan Husba | ind Same as | 13 |
| W | | 18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED | one couse pe | r line for 101, to1, one | Act.) | Munt | | BETWEEN ONE | ET AND DEATH |
| E (1 A3) | | IMMEDIATE | | the | (OC) | Centre | | mm | equile |
| Z O | | | DUE TO, C | R AS A CONSEQUE | NCE OF | | | 2/ | |
| The att | | Conditions, if any, which | ((b)_ | 140 | acs | | | 00 | reces |
| W. PRESTON ST., y the care community of the care community of the troumotic even | | gave rise to immediate couse (a), stating the | DUE TO, C | R AS-ACONSEQUE | NCE OF | - De Oue | · lana | 1/2 | R. |
| 201 W ned by please urial, cr | | underlying couse last. | (c)_ | TH | ull | gues my | cone | 10YM | are to |
| S, 2 | 7 | PART 2 OTHER SIGNIFICANT CO | NDITIONS C | | EATH BUT | NOT RELATED TO THE TERM | NINAL DISEASE OR CONDITIO | N GIVEN IN PART TIO | |
| DIVISION OF VITAL RECORDS, NG PHYSICIAN: The low requir offending physician, uffer this certificate has been sign as the burial-tronsit permit. Then th and Mental Hygiene prior to b norked at them & storys any injury orked at them & storys any injury | CERTIFICATION | | / | Nexs | | | | | |
| iow iow | ICA | 19a DATE OF OPERATION | 196. COND | ITION FOR WHICH | OPERATIO | N WAS PERFORMED | | IF YES, WERE FINDING! CERTIFYING CAUSES OF | |
| TAL CION. | RTIF | NOKO | | 10/1 | 7 | | YES NO | YES 🗌 | NO 🗆 |
| KIND HAYS | | 21€ ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH | 21h. TIME C | | Y YEAR | 216 HOW INJURY OCCUR | RED (ENTER NATURE OF INJURY IN IT | EM 18 PART I OR PART 2) | |
| SICIA SICIA Portiol-right | CAL | (IF EITHER NOTIFY MEDICAL EXAMINER) | | .M. | 19 | | | | |
| PHY STORY OF THE S | MEDICAL | 214 INJURY OCCURRED | | OF INJURY REET, FACTORY, OFFICE, FA | RAN FIC) | 211 LOCATION STREET | CITY OR TOWN | COUNTY | STATE |
| Otter the standard | 2 | AT WORK NOT WHILE | | Marin | | | | | |
| A A A A A A A A A A A A A A A A A A A | | 22m.1 certify that (1) (this hospita | | | | , 19 | , to | , 19, tho | ot (I) (we) lost |
| Prior prior of H | | saw the deceased alive on_ above, (I) (we) (did not) | view the bady | after death/ | , or | d that in (my) (our) opinion | death occurred on the date or | nd hour and from the cou | uses stoted |
| OR ATT | | 27% SIGNATURE | 0/1 | 1// | - | DEGREE | 4' | 22c DATE SK | SMED |
| | 6 | Thene | X | tolk | | ATTENDING PHYSICIAN E | MEDICAL STAFF | 3.10 | 4,8% |
| HOSPITAL ned by it FUNERAL old be det ithe Stote | - | 124 PHYSICIAN'S NAME (TYPE OR I | RIP(T) | // | | 77e ADDRESS | | | 1 |
| 0 0 0 0 0 0 1 | | Daniel J. Bout | 0 M D | | | 10313 Gagna | a Ave. #201 Si | Puch Cutino | Md |
| 0 € 5 € ¥ ₹ | | BURIAL, CREMATION, REMOVAL | 23h DATE | 73c N | AME OF C | EMETERY OR CREMATORY | 234 LOCATION | CVEL SPILLING | , Md. |
| BP | | Isrecevi IIII ial | Man 21 | 1987 Bat | 0 01 | Hoguan Cometa | ry Silver Spr | ina Mantaam | STATE AND |
| | | UNERAL DIRECTOR Francis | T Co | PPins Tu | e uj | 250 DAI | EREC'D BY REGISTRAR 256 R | | |
| DHMH - 16 60M 7/84 (VRA 15, 4) | | O University Blv | | Silver S | | Md MA | K23 1987 | De laces alles | |
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(VRA 15, 4)

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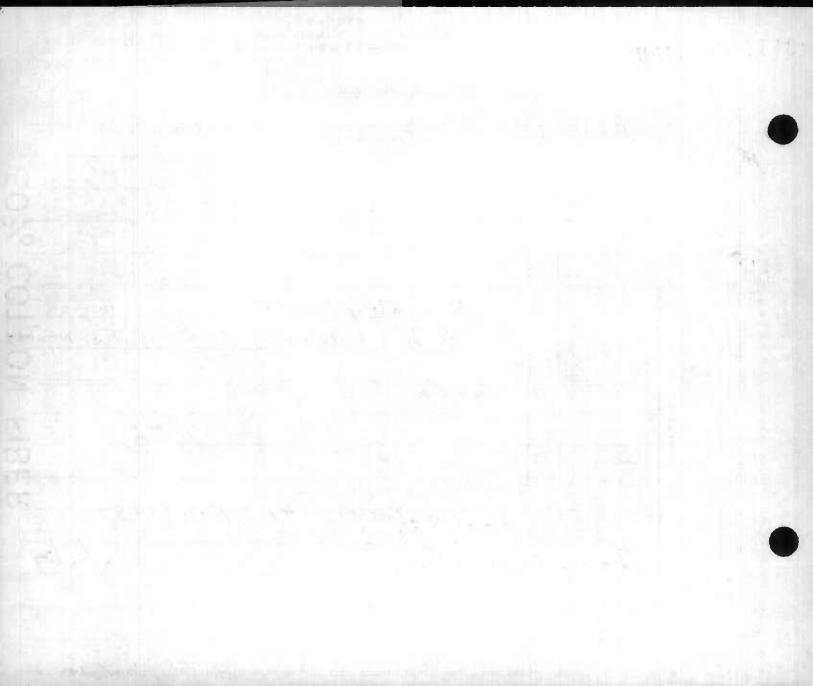
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(VRA 15, 4)



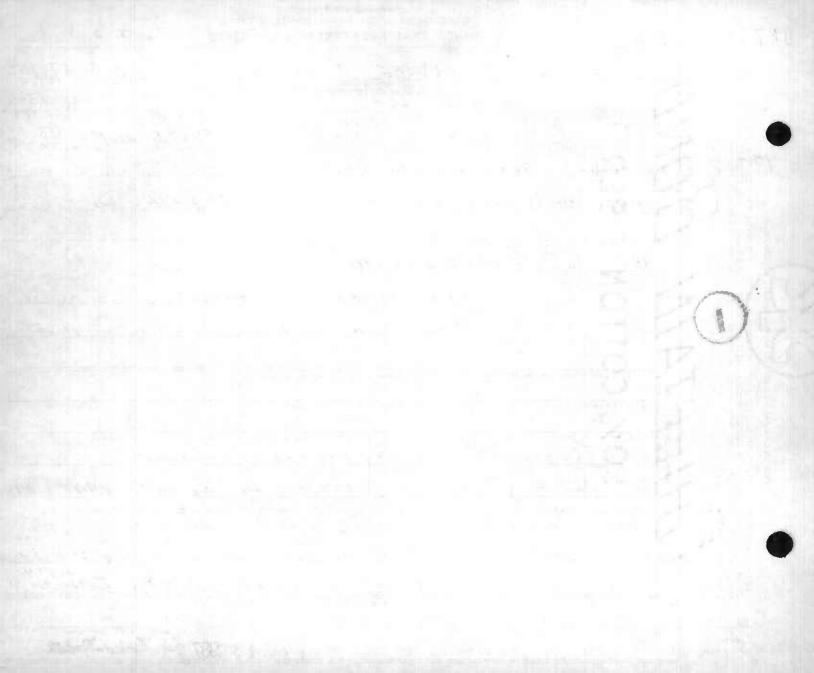
STATE OF MARYLAND

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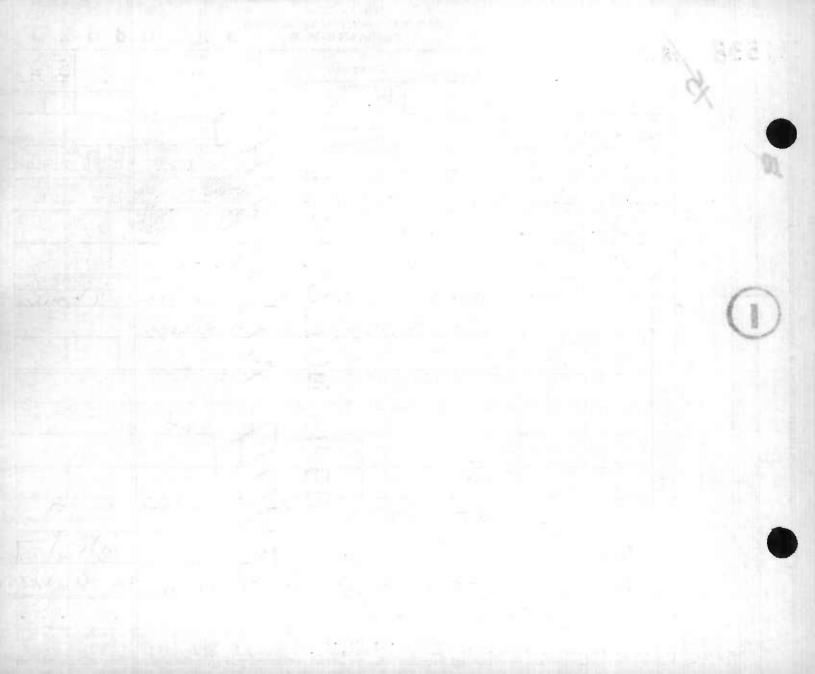
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE + STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME FIRST Louis MIDDLE Theodore Forline 20 DATE KNOWN DAY 2b. HOUR (TYPE OR PRINT) ESTI-ELINERAL DIRECTOR.

FOR YOUR FILES.

WITH N 72 HOURS DEATH MATED 190 2d. HOUR 5 DATE OF BIRTH DATE 1320 LAST BIRTHDAY PRONOUNCED DEAD 20 Male White 76 CITIZEN OF WHAT COUNTRY? 7g. BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) WIDOWED X Pennsylvania DIVORCED 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 176 KIND OF BUSINESS FOR MOST OF WORKING LIFE) OR INDUSTRY ETHESD Master Sergeant Air Force 20817 136. COUNTY 13d. INSIDE CITYLIMITS? 13e. STREET ADDRESS 13c. CITY OR TOWN MONTGOM YES A NO 4006 EWING 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE LAST FIRST LAST Albert Forline Bettv Zupito 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16b SOCIAL SECURITY NO ADDRESS 202-03-0991 Alfred P. Forline, Same as 13 APPROXIMATE INTERVAL CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) W. PRESTON ST. BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY CARDIORESPIRA IMMEDIATE CAUSE (a). DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which OF LUNG NDER CARCINOMA gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. DIVISION OF VITAL RECORDS, 201 PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? MER: THIS CER.
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E FORWARDED TO THE E.
"Re PAGE 33 COLUB EUUS
"TE DEP. THE PEUS YES NO I 216. TIME OF INJURY 21g. EXTERNAL CAUSE WAS 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING LOR EXPIRED CONTRIBUTING CAUSE OF DEATH 214 INJURY OCCURRED 21e PLACE OF INJURY (AT HOME, 21E LOCATION STREET, FACTORY, FARM, ETC } WHILE NOT WHILE TOMA 220 I certify that I took charge of the remains described above, held an TO MEDICAL EXAMINER:
EXECUTE THE CERTIFICATION
TO FUR AND DIRECTOR
TO FUR AFTER DIRECTOR
AFTER DEATH, WITH THE
BALTIMORE, MARYLAND and in my apinian death resulted fram: Natural causes Hamicide L Undetermined manner TITLE (SPECIFY DATE EXAMINER'S NAME \$ 200 Wiscous IN AUG (TYPE OR PRINT) 230 BURIAL, CREMATION, REMOVAL 236 DATE 23¢ NAME OF CEMETERY OR CREMATORY 3-10-87 Cremation Metropolitan Crematory Alexandria, Virginia 07/B4 BP. 25M 24. FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATUR Richard Rapp, Inc. **DHMH** - 17 1804 T Street, NW, Washington, 20009 (VR A15 ME (5))



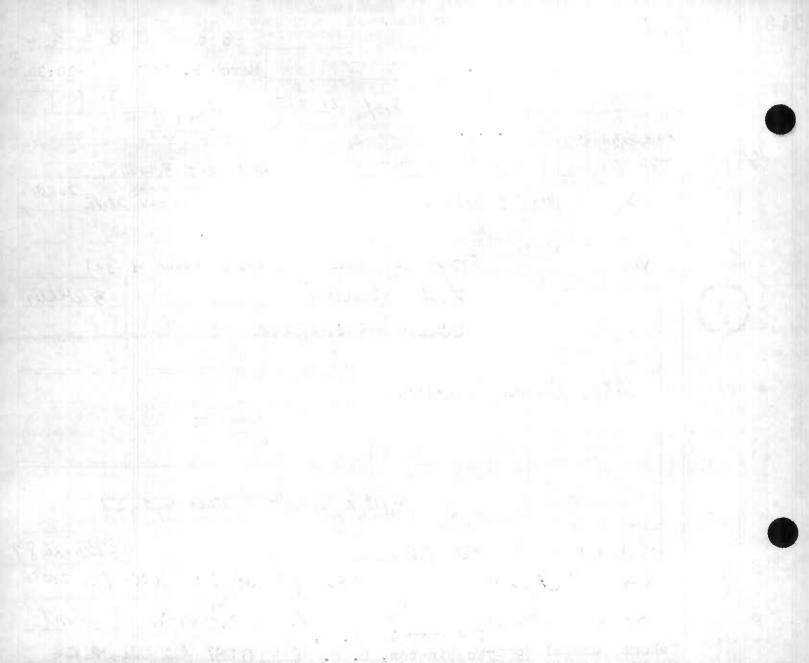
(VRA 15, 4)



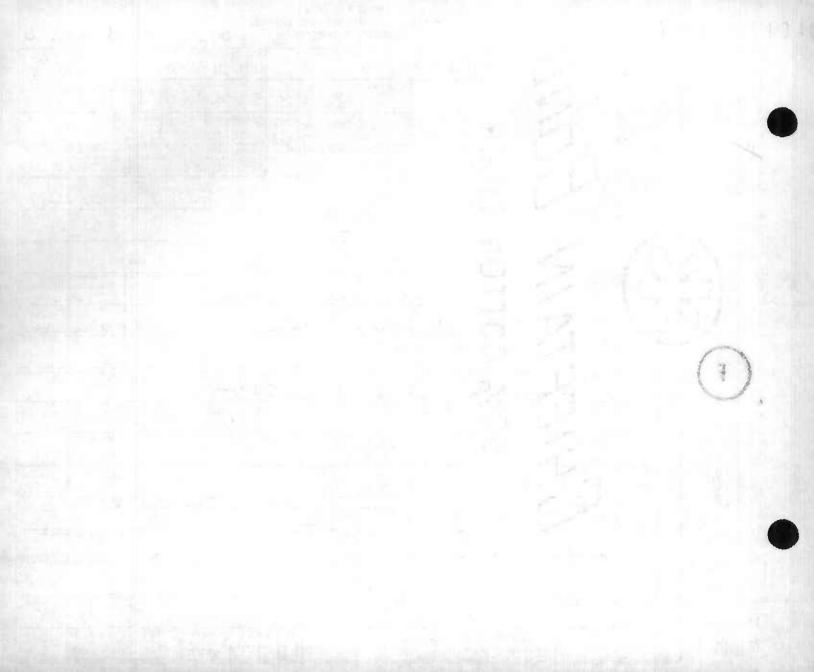
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| 1 0 0 0 | 1. | FOR STATE | | | DEPAR | | EALTH AND MENTAL HY | GIENE | - | 0 1 1 |
| 46659 MAR H | 87 | REGISTRAR | | | | CERTIF | ICATE OF DEATH | 8 KEG. N | 10. U | 8021 |
| | | CEASED NAME | FIRST | erald | WIDDLE | L | AST Francis | 20. DATE OF DEATH | MONTH DA | 20 11001 |
| noy be page 3 | | CIE | rald | | Fadden | tro | ancis | | 3-6 | -87 315 AM |
| mo) | 3 SE | (| | 4 RACE | | 5. DATE C | | 6 AGE (IN YEARS LAST BE | RTHDAY) II | FUNDER I YEAR IF UNDER 24 HRS |
| * 000 | | Male | | Whi | ite | Nonth | 03 1898 | 88 | YRS | ONTHS DAYS HOURS MIN. |
| 4 12/3 | | RTHPLACE (STATE OR I | OREIGN | 76 CITIZEN OF | WHAT COUNTR | Y? 8 MARRIE | NEVER MARRIED | 9. BALTIMORE CITY | OR COUNTY C | OF DEATH |
| | I | llinois | | United | States | | | 1 10 - 01 | omen | County MD. |
| 次·55/201 | 10 C | TY OR TOWN OF DEA | TH | | HOSPITAL, NURS | | R OTHER INSTITUTION | 120 USUAL OCCUPAT | ION | 124 VINID OF BUILDINGS OF |
| 0 10 10 | X | 3the sold | 2 | Sub | urban | HOS | pital | Economis | t . | INDUSTRY Dept. of Justice |
| 2 12 2 1 | USU. 13a. S | TATE | ING HOME OR | OTHER INSTITUTION | 130 CITY OR TO | | 13d INSIDE CITY LIMITS? | 13e STREET ADDRESS | / 7IP CODE | |
| CASE 5 IN | Ma | ryland | 2 | omery | Silver | | YES NO | | | s Way / 20901 |
| 日 主 的 办人 | 14. FA | THER'S NAME | | MIDDLE | LAST | | 15 MOTHER'S MAIDEN NA | AME | | |
| WW 2 27 30 | | James | | arold | Franc | cie | FIRST Etta | WIDDLE | | McFadden |
| S S S S S S S S S S S S S S S S S S S | | AS DECEASED EVER | IN U.S. AR | MED FORCES? | 166 SOCIAL SE | | 17 INFORMANT | ADDR | ESS | Meradden |
| BALTIMORE, cote be executed by sicion and copers. Pages you! | 1. | ES, NO OR UNKNOWN) | JIF YES, GIV | E WAR OR DATES) | 1217:31 | 10016 | Mona K.Fran | cis. Same | ac 13 | |
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| | | PART I. DEATH W | AS CAUSE | D BY: E CAUSE (a) | Conge | + . 1 | east failer | , | | 10 DAYS |
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| death death | | Canditians, if any, | which | DUE TO, C | R AS A CONSEC | - | 1 indantini | | | 10 DAYS |
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| That if | | cause (a), statin underlying couse | | DUE TO, C | R AS A CONSEC | DUENCE OF | | | | |
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| ps. sign ben be ben be ben ben ben ben ben ben | NO. | APART 2 GIHER SIGI | PICANIC | and of | | | | 1 / 1 / 1 | ADITION GIVE | N IN PART Ital |
| w rem | ATIC | 190 DATE OF OPERA | ION | 19h COND | | CHOPERATION | WAS PERFORMED | DE AUTOPSY? | TOOL IF YES | WERE FINDINGS USED |
| REC Iow | IFICATI | | | | | | T TO TENT ON MED | | IN CERTIFY | NG CAUSES OF DEATH? |
| DIVISION OF VITAL RECORDS, ING PHYSICIAN: The low requir contending physician. Wher this certificate has been sign as the buriol-tronsit permit. Then the and Mental Hygiene prior to b orked or item 18 shows any injury, | CERT | 21g. ACCIDENT WAS UNE | PERLYING [| 21b. TIME C | OF IN HURY | | 21c HOW INJURY OCCUP | AER I NOW | YES | |
| Physical Phy | | OR CONTRIBUTING | | | M. MONTH | DAY YEAR | THE HOW WASOKT OCCOM | TRED TENTER NATURE OF INJU | JRY IN HEM 18 PAR | T I OR PART 2) |
| ON C ding s cer s cer s cer s cer s cer s cer s cer | MEDICAL | (IF EITHER NOTHY MEDIC | | | .M. | 19 | NI LOCATION | | | |
| PHY rendi the bu | MEC | E 62 (a. a.) | | | OF INJURY REET, FACTORY, OFFIC | E, FARM, ETC) | 211 LOCATION STREET | CITY OR TO | OWN | COUNTY STATE |
| DIV ING After os t orke | | AT WORK - AT WOL | K and) I | 100 | | | | | | |
| N S S S S S S S S S S S S S S S S S S S | | 220.1 certify that (4) | | | | | eb 19 38 | to mare | | that (I) (we) lost |
| R ATTI hospit hed for hed for tem 21 | | saw the decease abave, (1) (we) (c | id) did not | view the bady | after death. | | d that in (my) (our) opinion | death accurred an the c | late and hour | |
| OR Joseph Porche Coche C | | 22b. SIGNATURE | 1 | 7. | | | DEGREE | MEDICAL STA | ** | 22c. DATE SIGNED |
| TAL X THE | | William F | | wuma | 14 | | | MEDICAL STA | CIAN | 3-6-87 |
| HOSPITA HOSPIT | | 22d PHYSICIAN'S NA | | | | | 22e. ADDRESS | water as a p | 0620.1 | 4.0 |
| TO HOSI | | WILLIAM | и | 3 IFVER | MAN | | GHA, GIN EXE | ATIVE ISOND, IN | - Chuille | 20852 |
| ₩ 6 ± 2 2 ₹/ | 23a. 8 | URIAL, CREMATION, | REMOVAL | 23b. DATE | 23 | . NAME OF C | EMETERY OR CREMATORY | 23d LOCATION | | of Charles |
| BP | | Crem | ation | 3-6-8 | 7 M | ietropo | litan Cremato | ary Alevar | dria | Virginia STATE |
| DHMH - 16 60M 7/84 | 24 FL | INERAL DIRECTOR | Richa | rd Rapp | , Inc | | 25a. DA | TE REC'D. BY REGISTRAL | REG TP | R'S SCHATURE - Landous |
| (VRA 15, 4) | 1 | 304 T Stre | et, N | W, Was | hington, | DC | 20009 | MARO 9 19 | h. 2 | |

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| | | ST | ATE OF MARYLAND | | | |
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| 17 MAR 16 | - STATE REGISTRAR | | F HEALTH AND MENTAL HY | (2) / | 0 8 6 | 2 2 |
| 1.0 | DECEASED NAME FIRST | MIDDLE | LAST | 20 DATE OF DEATH MO | ONTH DAY YEAR | 26 HOUR |
| deoth deoth 3 | ALVII | N R. FRAN | NDSEN | March 5, | 1987 | 10:30 |
| 3 5 | SEX | | TE OF BIRTH | 6 AGE (IN YEARS LAST BIRTHD | AY) IF UNDER I YEAR | IF UNDER 24 HRS |
| ors of | Male | MATTE | 1LY 21 193 | 3 53 | YRS DATS | HOURS MIN. |
| 0 N / / | BIRTHPLACE (STATE OR FOREIGN COUNTRY) | | RRIED NEVER MARRIED NOWED DIVORCED | 9 BALTIMORE CITY OR C | | MD |
| 10. | otomac | 11. NAME OF HOSPITAL, NURSING HOM | ME OR OTHER INSTITUTION V C | 12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF W | | F BUSINESS OR |
| 35 130 | MD 136 COU | OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSIN | 134 INSIDE CITY LIMITS? | 130 STREET ADDRESS / Z 9926 40 | | 20854 |
| 150 | FATHER'S NAME FIRST MILLEL | FRANDSÊN | DAGNY | MIDDLE | ROSSTAD | t |
| 8 16a | WAS DECEASED EVER IN U.S. A | RAMED FORCES? 166 SOCIAL SECURITY NO. STYLE WAR OR DATES) 577-42-0346 | 1 1 | ANDSEN (SAA | 16 AS 13e) | |
| | 18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS | anly ane cause per line for yo, (b), and ic | Solure | | | MATE INTERVAL ONSET AND DEATH |
| | IMMEDI | DUE TO, OR AS A SONSEQUENCE O | 1 | | | 0 -07 |
| | Conditions, if ony, which | (b) COM | carrinou | ia | | |
| other to | gave rise to immediate cause (a), stating the underlying cause last | DUE TO, OR AS A CONSEQUENCE O | | | | FULL |
| No barro | | CONDITIONS CONTRIBUTING TO DEATH | BUT NOT RELATED TO THE TER | MINAL DISEASE OR CONDIT | TON GIVEN IN PART 1 | a l |
| S MOST BOY INITE | 190 DATE OF OPEN (TION | 19b. CONDITION FOR WHICH OPERA | TION WAS PERFORMED | | Ob. IF YES, WERE FIND IN CERTIFYING CAUSES YES | |
| A CONTRACTOR OF THE PARTY OF TH | OR CONTRIBUTION C CAUSE OF D | EATH HOUR A.M. MONTH DAY YE | AR 21c. HOW INJURY OCCUP | RRED (ENTER NATURE OF INJURY II | NIEM IS PART I OR PART ?) | |
| MEDICAL | 21d INJURY OCCURRED WHILE NOT WHILE AT WORK | 21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, FARM ETC | 21f LOCATION | CITY OR TOWN | COUNTY | STATE |
| Heolth is mor | | pital) attended the deceased from Sen Munch 5 19 | and that in (my) (aur) apinion | o March | | that (I) (we) last |
| 3 2 2 2 | above, (I) (we) (did) (did r 22b. SIGNATURE | not) view the body after death. | DEGREE | death occorred on the date | 22¢ DATE | SIGNED |
| ore De | Recuers | M Keustner | ATTENDING PHYSICIAN | DIRECTOR PHYSICIAL | NO 674 | urch 8 |
| PORTAN | RICHARD N | 1 KAUFMAN | 1145 19th | StNW | WASHOC | 20036 |
| 230 | BURIAL, CREMATION, REMOVA | | F CEMETERY OR CREMATORY | 23d LOCATION | C) COUNTY | MAISTAN |
| 74 | FUNERAL DIRECTOR | MADCH. 14.1987 Park | claus cincley | TE REC'D. BY REGISTRAR 256 | PEGISTRAP'S SIGNIAT | INA |
| 6 60M 7/B4 | NAME | 254 Carrol Home-Washington | I St. NW, | 1 0 1087 | · R · S | ORE . |



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REGISTRAR 1 DECEASED NAME Μ. LAST Franquiz 20. DATE OF DEATH MONTH Julia 2b HOUR 05 IA FRAN 3 SEX 4 RACE 5 DATE OF BIRTH 6 AGE LIN YEARS LAST BIRTHDAY IF UNDER 24 HRS IF UNDER I YEAR January 10, 1895 Female White 70. BIRTHPLACE STATE OR FOREIGN TO CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED United States Florida Montgomery County WIDOWEDXX DIVORCED [O CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 126. KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFE! SUSTRY Silver Spring Fairland Nursing Home Housewife Own home 130 STREET ADDRESS / ZIP CODE AVENUE New York Nassau Rockville Centre YES X FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE Ruiz Jose Paes Reina ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 17 INFORMANT 081-20-9103 Aida Cino, Same as 13 No 18 CAUSE OF DEATH (Enter only one couse per line far (a), (b), and is PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (0) Canditions, if ony, which gove rise to immediate cause (a), stating the DUE TO OR AS A CONSEQUENCE OF underlying cause PART 2 OTHERS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 196 CONDITION FOR WHILL OPERATION WAS PERFORMED 206. IF YES, WERE FINDINGS USED 190. DATE OF OPERATION IN CERTIFYING CAUSES OF DEATH? NOIX YES [210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 2) t HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR LIF EITHER NOTIFY MEDICAL EXAMINERS P.M 21d INJURY OCCURRED 211 LOCATION 21e PLACE OF INJURY STREET CITY OR TOWN COUNTY STATE AT HOME STREET FACTORY OFFICE FARM, ETC.) NOT WHILE AT WORK 22a I certify that (1) (this haspital) attended the deceased from saw the deceased alive on_ , and that in (my) (aur) opinion death accurred on the date and have and from the causes stated 22b. SIGNATURE DEGREE 22c. DATE SIGNED March 1, 1987 PHYSICIAN DIRECTOR PHYSICIAN 22d. PHYSICIAN'S NAME (TYPE OF PRINT) 22e ADDRESS Lockwood Drive Arthur S. Bresler, M. D. Silver Spring, MD 20901 230 BURIAL, CREMATION, REMOVAL 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (SPECIFY) March 4, Burial St. Charles Cemetery Farmingdale, New York 24 FUNERAL DIRECTOR Vanella's Funeral Chapel 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE HMH 48 60M 7/84 2860 Long Beach Road, Oceanside, NY 11572



| 100- | 11 | FOR - STATE | D | EPARTMENT OF H | EALTH AND MENTAL HYG | SIENE | 0 0 / 11 / |
|--|---------------|--|--|-----------------|-------------------------|---|---|
| 49308 A | 13. | REGISTRAR | | CERTIF | ICATE OF DEATH | REG. NO. | 00024 |
| | | ECEASED NAME FIRST | MIDDLE | - ' | AST . | 20 DATE OF DEATH MONTH | DAY YEAR 26 HOUR |
| ge 3 | ,,,,, | Leon | N H. | Frien | Vander | 03 | 29/87 4 PM |
| mo) | 3 SE | | 4. RACE | 5. DATE C | | 6 AGE (IN YEARS LAST BIRTHDAY | IF JUNDER 1 YEAR IF UNDER 24 HRS |
| ge 4 | 16 | male | Cauc. | 03 | 25 /3 | 74 | MONTHS DAYS HOURS MIN. |
| Poor Poor | 7a. B | IRTHPLACE (STATE OF FOREIGN | 76 CITIZEN OF WHAT CO | UNTRY? 8 | NEVER MARRIED | 9 BALTIMORE CITY OR COL | |
| deouth deouth | | aryland | U.S.A. | WIDOWE | | MONTO | SOMERY COUNTS |
| 新力量 | 10. 0 | OHLA DE | 11. NAME OF HOSPITAL, STENOZIN SUCH FACILITY, G SCherher | NURSING HOME C | ROTHER INSTITUTION | 12a USUAL OCCUPATION (TYPE OF WORK FOR WORK | 176. KIND OF BUSINESS OR INDUSTRY 1 neer Fed. Power (|
| 3 | USU | IAL RESIDENCE (IF NURSING HOME O | R OTHER INSTITUTION GIVE RESIDEN | - // | 10-1 | Patroteum Eng | |
| 14 ho | | STATE 11 136 COU | NTY I3c. CATY | Mesdu | 134 INSIDE CITY LIMITS? | 136 STREET ADDRESS / ZIP | |
| should sh | 14 F | ATHER'S NAME | 1199 12 | ruesau | YES DS. NO | 7425 Democrac | y BIVa.,#104 |
| plet nd 2 | 1 | FIRST | MIDDLE | LAST | FIRST | MIDDLE | The dead and a second |
| Com | 160 | Meyer WAS DECEASED EVER IN U.S. AI | | edlande: | Sarah | | Friedlander |
| ond oge | | (YES, NO OR UNKNOWN) (IF YES, G | VE WAR OR DATES! | 07-7917 | | | da, Md. 20817 |
| e pe | - | NO | | | Ada Friedian | der; wire; 7425 | Democracy Blvd., |
| | 167 | 18 CAUSE OF DEATH Enter of PART I. DEATH WAS CAUSE | | ordine | Con y thing | | BETWEEN ONSET AND DEATH |
| 5 (A) | | IMMEDIA | TE CAUSE (o) | outlat | core ; rooming | | 1/24. |
| £ 0 | | Conditions, if ony, which | DUE TO, OR AS A CO | NSEQUENCE OF | riel Int | or tem | 1600 |
| that the d by the al cose remain ol, crematin | | gove rise to immediate cause (a), stating the underlying cause last. | DUE TO, OR AS A CO | | - 0 | | > togre |
| equires signed Then ple to burie | N O | PART 2. OTHER SIGNIFICANT | conditions CONTRIBUTION / HEILE | NG TO DEATH BUT | | MINAL DISEASE OR CONDITION | GIVEN INPART TO |
| s beer remit. | CERTIFICATION | 19a DATE OF OPERATION | 196 CONDITION FOR | WHICH OPERATION | | 20a AUTOPSY? 20b. | IF ES, WERE FINDINGS USED ERTIFYING CAUSES OF DEATH? |
| The house ho | I E | | | | | YES NO | YES NO |
| AN. Troop | | 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE | | TH DAY YEAR | 21c. HOW INJURY OCCUR | RED (ENTER NATURE OF INJURY IN ITE | M 18 PART LOR PART 2} |
| SICI, ng P. Certh. | MEDICAL | (IF EITHER NOTIFY MEDICAL EXAMINE | R) P.M. | 19 | | | |
| PHY tends the by and N | MED | 21d INJURY OCCURRED | 21e PLACE OF INJURY (AT HOME STREET, FACTORY | | 21f LOCATION STREET | CITY OR TOWN | COUNTY |
| After of the ost of the ost orke | | AT WORK AT WORK | | | | 17 / 28 | |
| END olo OR: OR: Hea | | 22a. I certify that (1) This hasp sow the deceased alive or | -//50 | 1:3 | , 19 8 | , 10 | , 19, tho (11) we) lost |
| ATT Ospital ospital ospital dispersion of the original of the original of the original ospital | | obove, (I)/we) (did) (did no | view the body after deat | h. | | death accurred on the date and | d hour and from the couses stated |
| AL OR AL DIRI | | 22b. SIGNATURE Wee | p & Slu | un k | ATTENDING PHYSICIAN | MEDICAL STAFF DIRECTOR PHYSICIAN | 3/29/8) |
| eroined by to FUNERAL should be delivith the State | | 220 PHYSICIAN'S NAME OFFE | 2 HERER | n | FOD PER | | SiLver Spreney 2u |
| 55 54 3 3 | 23a. | BURIAL, CREMATION, REMOVAL | | 23c NAME OF C | EMETERY OR CREMATORY | 23d. LOGATION | COLDINA |
| BP | | Burial | 4/1/87 | | ebanon Ceme | | i; P.G.; Md. |
| DHMH - 16 60M 7/84 | 24 F | UNERAL DIRECTOR DANZA | NSKY-GOLDBERG | MEMORIAI | CHAPELS 250 DAY | E REC'D. BY REGISTRAR 256, RE | GISTRAR'S SIGNATURE |
| (VRA 15, 4) | | 70 Rockville Pi | ^ | DDWESS | 13, 67 | R 3 1987 A | in planting: Market |

STATE OF MARYLAND

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2-2 the part of the same of the sa tives eding Tell Cours serious Ladines energy attempts of the THE THINK HE ARE RIVED IN THE THE REPORT OF Burd'T Street 1 1 1 12

| | | 500 | | | | | E OF MARYL | | | | | | |
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| 0000 | 1- | FOR STATE REGISTRAR | | | DEPARTM | | ICATE OF D | MENTAL HYG DEATH | 0 / | REG. NO. | 8 0 | Ò | 2 6 |
| 9 3 U.B. ARR | | DEASED NAME | FIRST | | WIDDLE | | AST | 76.1 | 20 DATE OF DE | | | | 26 HOUR A |
| y be | | Al | NNA | | | FROE | IMAN | | MARC | H 28, | 1987 |] | 11:55 ^A |
| fer of | 3. SE. | | 4.1 | RACE | | 5 DATE C | | Y&AR . | 6. AGE (IN YEAR | S LAST BIRTHDAY) | IF UND | | IF UNDER 24 HRS |
| s a | | FEMALE | | WHIT | E | DEC | 4 . 4 . | 1894 | 92 | , | YRS. | | MIN. |
| 11 /17 | 7a BI | RTHPLACE (STATE OR FO | OREIGN 7b. | U.S. | WHAT COUNTRY? | MARRIEI WIDOWE | D NEVER | MARRIED | 9. BALTIMORE | | | EATH | MD. |
| VICE N | 10 C | TY OR TOWN OF DEA | TH 11. | NAME OF | HOSPITAL, NURSIN | IG HOME C | | Brand | 12a USUAL OC | | 12b. | | BUSINESS OR |
| 1370 | | KENSING | | CIRC | LE MANOF | R NUF | RSING | HOME | Homema | _ | | ome | |
| 10 35 | 130. 5 | AL RESIDENCE (IF NURSI TATE ryland | ng home or oth 13b. COUNTY Montgo | | 136. CITY OR TOWN | N | 13d INSIDE C | | 13e.STREET ADD | | | 20903 | 8) |
| 宝沙 | | THER'S NAME | | | TOTAL TO | 52.23.9 | | S MAIDEN NA | ME | | waa (| 20703 | , |
| N.S. | | Max | MIDI | DIE | Mollod | 37. | Pe | earl | and the same of th | arah | М | 0110 | Б |
| 8 7 | | VAS DECEASED EVER I | N U.S. ARME | D FORCES? | 166 SOCIAL SECU | RITY NO. | 17 INFORMA | | | ADDRESS | | | 1.20903 |
| 8.8.9 | | NO OR UNKNOWN) | (IF YES, GIVE W | AR OR DATES) | 262-43-3 | 069 | Melvir | Frohm | an;Son;1 | 603 Pa | | | |
| 1.1 | | 18 CAUSE OF DEATH | 1 (Enter anly o | ane cause per | <u> </u> | | | | , | | | | ATE INTERVAL |
| 400 | | PART I. DEATH W | AS CAUSED B IMMEDIATE C | SY: | | | RESPI | POTASI | EY AH | SISES. | | - | SET AND DEATH |
| V | | | IMMEDIATE | | R AS A CONSEQUE | | | | | | | | |
| 100 | | Canditions, if any, | which (| S | AITTEIZIOS | | one t | HEAICT | DISEAS | E | | YE | ARS |
| er fro | | gave rise to imm cause (a), stating | ediate | 1 | R AS A CONSEQUE | | | | | | | | |
| orth. | | underlying cause | last. | 12 | CONGEST | | HEART | - FAILL | IRE | | | 2 | WEEKS |
| y, a | | PART 2 OTHER SIGN | IFICANT COM | NDITIONS CO | ONTRIBUTING TO D | EATH BUT | NOT RELATED | TO THE TERM | IN AL DISEASE O | R CONDITIO | N GIVEN IN | PART Ira | |
| The | O | HYPER" | TENSIO | N. CH | RONIC RE | NAL | INSUFF! | CIENCY | | | | | |
| prio prio | CERTIFICATION | 190 DATE OF OPERAT | ION | 1% COND | ITION FOR WHICH | OPERATIO | N WAS PERFO | RMED | 200 AUTOPS | | FYES, WERE | | |
| De la | E | | | | | | | | YES N | | TES [] | LAUSES C | NO - |
| Hyg Hyg sl | Ü | 210. ACCIDENT WAS UND | | 216. TIME C | | Y YEAR | 21c. HOW IN | JURY OCCUR | RED (ENTER NATURE | OF INJURY IN ITE | M 18 PART I OR | PART 2) | |
| intol. | NA S | OR CONTRIBUTING | | | M | 19 | | | | | | | |
| a w | MEDICAL | 21d. INJURY OCCURR | ED | | OF INJURY | A DAY STC) | 211 LOCATIO | NC | | ITY OR TOWN | CC | YIMUC | STATE |
| h an | > | AT WORK AT WOR | LE . | THE THE STATE OF | ornet in | CRAC ETC.) | | | | 1 | | | |
| ealt s ma | | 220.1 certify that (1) | | | | | 20 X . | . 19 70 | , to | 3/28 | 19_ | 87 . th | not (I) (we) lost |
| of H | | sow the decease above (1)/wei (4) | d glive pro | ew the hady | after death. | 7_, ar | nd that in (my) | (aur) apinion | death occurred o | n the date on | d hour and I | rom the co | ouses stated |
| ept hem | | 226 SIGNATURE | MY | | ayer ocom. | ſ | DEGREE | | | | 27 | N. DATE SE | NED |
| letoc ste D | | line | Kala | · Ca | | MD | A | PHYSICIAN IN | MEDICAL DIRECTOR | STAFF PHYSICIAN [| 7 | 3/29 | 187 |
| A AN | | 22d. PHYSICIAN'S NA | ME (TYPE OR | 201 | 1 | - | 22e ADDRES | | | | | 11 | 20910 |
| should be der | | DR. ARI | NOLD (| G. LE | VY | | 1106 | SPRIN | IG ST., | SILV | ER SF | RINC | G, MD. |
| 5 3 ₹ | 23e E | URIAL, CREMATION, F | REMOVAL : | 236 DATE | 23c N | AME OF C | EMETERY OR C | CREMATORY | 23d LOCATIO | | ~~~ | | |
| | 1 | Burial | | 4/2/8 | 7 Mt | . Jud | ah Ceme | etery | Ridgef | ield:0 | ueens | New | York |
| - 16 60M 7/84 | 24. FL | INERAL DIRECTOR DE | NZANSK | | | | | C 250 DAT | E REC'D. BY REG | ISTRAR 256 BI | GISTRAR'S | SIGNATUE | 3.6 |
| RA 15. 4) | | 170 Poglari I | | | | | | A | PR 31 | 987 4 | dia Der | iden- | Candall |

requires that

TO HOSPITAL OR ATTENDING PHYSICIAN The low etoined by the hospital or attending physician. STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

| - | | STATE PREGISTRAR | | | DEI AIIII | CERTIF | ICATE OF DEATH | REG. NO |). | 0 0 | 60 1 | |
|---|---------------|---|---------------|------------------|---------------------------------------|-----------|-----------------------------------|------------------------------------|------------------|-------------------|--------------------------|--|
| 2 | | CEASED NAME | FIRST | , | MIDDLE | ı | AST | 20. DATE OF DEATH | MONTH DA | Y YEAR | 26 HOUR | |
| | | | Jose | | | Fus | tero | March 12 | . 1987 | | 7:45p M | |
| | 3. SEX | | | 4 RACE | | 5. DATE C | | 6 AGE (IN YEARS LAST BIRT | | UNDER I YEAR | R IF UNDER 24 HRS | |
| | | male | | Caucas | sian | May | 17 1924 | 62 | YRS. | DATS | NOURS MIN. | |
| 7 | | RTHPLACE (STATE OR | FOREIGN | 76. CITIZEN OF | WHAT COUNTRY? | 8 | D NEVER MARRIED | 9 BALTIMORE CITY O | | F DEATH | | |
| | 3 | Spain | | u.s. | Α. | WIDOWE | | MALL CO | Montgo | omeru | MD. | |
| 1 | 10 CI | TY OR TOWN OF DE | ATH | | HOSPITAL, NURSIN | | OR OTHER INSTITUTION | 120 USUAL OCCUPATION | NC | | OF BUSINESS OR | |
| | 3 | Silver Spr | ing | 10508 | Tenbrook | Driv | e | Retail Cle | rk. | | t Foods | |
|) | 13a S | al residence (# NUR STATE Uryland | 136 COU | | 130. CITY OR TOWN SILVER S | N | 136 INSIDE CITY LIMITS? YES NO | 13e.STREET ADDRESS / 10508 Tenb | ZIP CODE | rive | 20901 | |
| 7 | 14. FA | ATHER'S NAME | | MIDDLE | ŁAST | | 15. MOTHER'S MAIDEN NA | ME MIDDLE | | | 51 | |
| 1 | | Saturnino | | | Fuster | 9 | Josefina | THOUSE . | | Bri | LZ | |
| , | | VAS DECEASED EVER | | MED FORCES? | 166 SOCIAL SECU | RITY NO. | 17 INFORMANT | ADDRE | SS | | | |
| | | no | 1 | | 149-26-8 | 445 | Genevieve S. | Fustero | wife | same | as #13 | |
| | | 18 CAUSE OF DEA | TH (Enter or | ly one couse per | line for (a), (b), and | dici.i / | 1 | 21 | | APPRO BET WEEK | NONSET AND DEATH | |
| | | PART I, DEATH V | | TE CAUSE (o) | frimar | 1 150 | ain tulnor- | Slidma | | 7 | montes | |
| | | DUE TO, OR AS A CONSEQUENCE OF | | | | | | | | | | |
| | | Conditions, if any gave rise to im | | (b) | | | | | | | | |
| | | | | | | | | | | | | |
| | | underlying cause | e last. | (c) | R AS A CONSEQUE | | | | | | | |
| | 7 | PART 2. OTHER SIG | NIFICANT | CONDITIONS CO | ONTRIBUTING TO D | EATH SUT | NOT RELATED TO THE TERM | INAL DISEASE OR CONI | DITION GIVEN | V IN PART 1 | Ια | |
| | CERTIFICATION | | | | | | | | | | | |
|) | CA | 190 DATE OF OPERA | ATION | 19b. CONDI | TION FOR WHICH | OPERATIO | N WAS PERFORMED | 200 AUTOPSY? | 206 IF YES, Y | | INGS USED S OF DEATH? | |
| | E | | | | M-10-17 | | | YES NO | YES | | NO 🗆 | |
| 1 | | 210. ACCIDENT WAS UN | - | 216. TIME O | FINJURY M. MONTH DA | Y YEAR | 21c HOW INJURY OCCURE | RED (ENTER NATURE OF INJUR | Y IN ITEM IB PAR | T I OR PART 2) | | |
| | CA | (IF EITHER NOTIFY MED | DICAL EXAMINE | P./ | | 19 | | | | 11=1 | T. Harris | |
| | MEDICAL | 216 INJURY OCCUR | | 21e PLACE (| OF INJURY EET, FACTORY, OFFICE, FA | ARM ETC 1 | 21f LOCATION STREET | CITY OR TO | WN | COUNTY | STATE | |
| | | AT WORK AT WO | ORK U | | | A | 0/- | Us | ,, | 07 | | |
| | | 22a certify that (I | - | 7 - 13 | | 2 | 10,057 , 19 86 | | . 15 | , | , that (1) (we) last | |
| | -1 | | | t) view the body | | , , | nd that in (my) (our) opinion (| deoth occurred on the do | ite and hour o | and from the | e couses stated | |
| | | 226. SIGNATURE | . il a | 1 56 | | / ^ | DEGREE | MEDICAL STAF | | 22c DAT | ESIGNED | |
| | | Pare | enu | Caa | Mann M | () | PHYSICIAN | DIRECTOR PHYSIC | | 5/1 | 3/87 | |
| | | 228. PHYSICIAN'S N | LIAME (TYPE | OR PRINT! | 4.1 | | 22e ADDRESS | 1. Col | 7 | 1.31 | 6 116 | |
| | | reuneth | w.c | | n MiD. | | CANOG 1011 P1 | 4 to down / | turek | clics | , שזיין מסו | |
| | 23a B | SURIAL, CREMATION | , REMOVAL | | | | EMETERY OR CREMATORY | 23d LOCATION CITY OR TOWN | | COUNTY | STATE | |
| | 24 51 | Burial | | | | _ | Heaven Cemet | ery Silver; | Spring | Monto | nomery Md | |
| | 14 LC | JNERAL DIRECTOR | EHON | ais T C | appine | Tw | ZSG DAII | E REC'D. BY REGISTRAR | ZSB. REGISTRA | AR'S SIGNA | ILIRA | |

West. Silver Spring

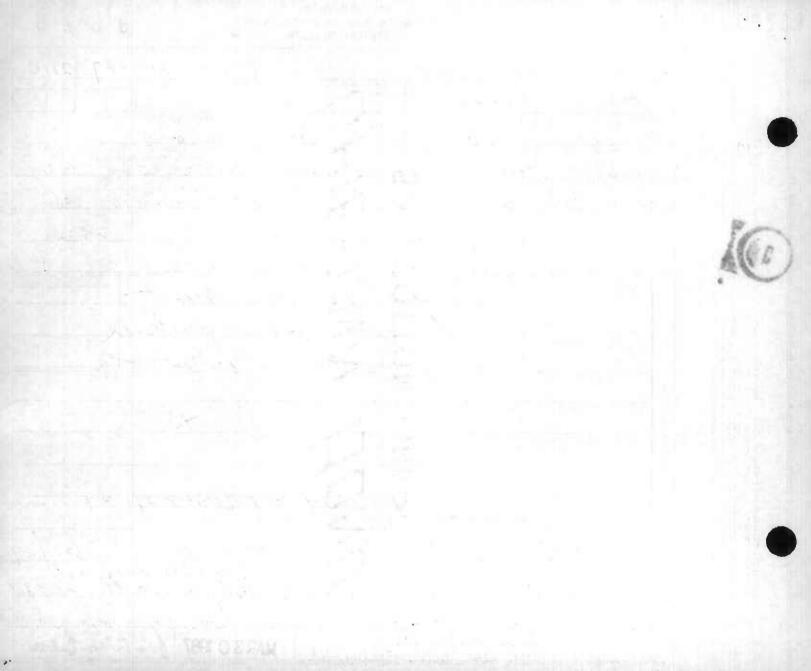
DHMH - 16 60M 7/84 (VRA 15, 4)

500 University Blvd.

BP.

TO FUNERAL DIRECTOR: After this certificate has been signed by should be detached for use as the burial-transit permit. Then please with the State Dept of Health and Mental Hygiene prior to burial, creaming Programs of the State of the Sta

| 0 7 0 0 4112 0.1 | 4.19 | | | | | STATE | OF MARYLAND | | | |
|--|---------------|--|------------------|----------------|---|------------|--|---------------------------------------|--------------------------|-------------------------------------|
| 18/53 MAR 31 | 4- | FOR STATE | | | DEPARTA | | EALTH AND MENTAL HYG | IENE 8 | 080 | 28 |
| | | REGISTRAR | | | | CEKTIF | CATE OF DEATH | REG. NO. | | THE TOLL |
| | | ORPRINTI | FIRST | 1 | WIDDLE | L | AST | 20. DATE OF DEATH MON | _ | 26 HOUR |
| may be poge 3 | 1.00 | eBecch- | - C- 1 | GAL | IEGNS | | | MARCH-2 | 1-1987 | 12110 M |
| poo poo | 3 SE | - State - Company | 4. R | ACE | - | 5. DATE O | F BIRTH | 6 AGE (IN YEARS LAST BIRTHDAY | | |
| offe, | | <i>female</i> | C | aucas | ian | MONTH | DAY YEAR | | MONTHS DAYS | HOURS MIN. |
| 000 ode | 7. 04 | | | | WHAT COUNTRY? | Jan | 3, 1897 | 9 BALTIMORE CITY OR CO | YRS. | |
| 4 20 F | | RTHPLACE (STATE OR FOR | EIGN /b | CILIZENOF | WHAT COUNTRY! | MARRIE | NEVER MARRIED | _ | | |
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| 10= | Hr. CI | TY OR TOWN OF DEATH | 1 |) NAME OF I | HOSPITAL, NURSIN H FACILITY, GIVE STREET | G HOME O | ROTHER INSTITUTION | 120 USUAL OCCUPATION | | OF BUSINESS OR |
| The second of th | 1 | Rockville | 51 | | AQUE-ADU | | 7 - HISPITAL | School Teach | | rachina |
| be f | USU | AL RESIDENCE (IF NURSING | HOME OR OTH | ER INSTITUTION | GIVE RESIDENCE BEFORE | ADMISSION) | | | | |
| No. 24 1 | | | b. county | | Rockvil | _ | 13d INSIDE CITY LIMITS? | 130 STREET ADDRESS / ZIF | | 20851 |
| A share | | THER'S NAME | rugom | ety | ROCKVAC | CE | 15 MOTHER'S MAIDEN NA | |) VI. U/L. | |
| 4 6/5/ | | FIRST | MIDE | DLE | LAST | | FIRST | WIDDLE | Cdo | Baca |
| 3 an an | 16 - 1 | Jesus Vas deceased ever in | II C A DAACE | COPCECS. | Casaus | BITY NO | Cleofas 17 INFORMANT | ADDRESS | cae | baca |
| \$ 3014 B | | | (IF YES, GIVE WA | | | | | ADDRESS | | |
| | | no | | | 220-26- | 4613 | Agnes Fahey | daughter | Same | |
| A 600 H. | | 18 CAUSE OF DEATH | Enter only o | ne couse per | line for Jai, (b), and | dicit, | 7 | | BETWEEN | XIMATE INTERVAL NONSET AND DEATH |
| phy phy seen present | | PART I. DEATH WAS | MEDIATE C | | (Cul | (10) | Kesan mata | en lerres | V | |
| N S ding | | | | DUE TO O | R AS A CONSEQUE | NCEOE | 7/ 17 | , , | 0 | |
| STC eoth on, umo | -0.0 | Conditions, if any, | vhich (| 16) | K AS A COUSE GOL | 150 | 11/11/16 | at the | 1118 | |
| and | | gove rise to imme couse (a), stating | diote | (0) | | 1 | | 16 | | |
| W. or the service or | | underlying couse | lost. | DUE 10, O | R AS A CONSTOUR | A COF | × | Nemal | Grane - | • |
| 201 s th s th s th sold or o | | DARL 2 OTHER SICALIS | 'ICANIT CON | (c) | ATDIONALING TO F | DE ATH BUT | NOT BELLIED TO THE TERM | INAL DISEASE OR CONDITION | ONI CIVEN IN DART | |
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| TAI The The Coor | RT | 21g. ACCIDENT WAS UNDER | IVING [7] | 21b. TIME C | E INTUIDY | | 121, HOW IN HIRV OCCUR | YES NO RED (ENTER NATURE OF INJURY IN | YES | NO 🗌 |
| SICIAN: T ng physici certificate ricol-fronsi ental Hygi | | OR CONTRIBUTING CA | hami | HOUR A. | | YEAR | ZIC HOW HAJORI OCCOR | RED (ENTER NATURE OF INJURY IN | .IEM 18 PART I ORPART 2) | |
| SICIA ng p certif miol-i | V | (IF EITHER NOTIFY MEDICAL | | P. | | 19 | CALLY L | | | |
| PHY indire | MEDICAL | 21d. INJURY OCCURRE | | 21e. PLACE | OF INJURY REET, FACTORY, OFFICE, F | ARM. ETC 1 | 21f LOCATION STREET | CITY OR TOWN | COUNTY | STATE |
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| D Aff | | 22a.1 certify that (1) (t | his hospitoy | attended th | e deceased from | Mas | ch14798" | I, to Mart | 2/1987 | , that (1) (we) lost |
| TTEN Darkol TOR For u | | sow the deceased above, (1) (we) (due | olive on | 1 auc | 7 2/ 19 5 | -07. or | d that in (my) (our) opinion | death occurred on the date o | ind hour and from th | e couses stated |
| R A Phospital | | 22b. SIGNATURE | 2 | ew me oddy | offer death. | | PGREE | | 22c. DAT | E SJENED / |
| the property of the property o | | | 6. | | / / | 1) / | ATTENDING A | MEDICAL STAFF | 7 | 121/07 |
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| F 2 7 7 3 | | BURIAL, CREMATION, RE | MOVAL | 3b DATE | 230 | NAME OF C | EMETERY OR CREMATORY | 23d LOCATION | COUNTY | STATE |
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| DHMH - 16 60M 7/B4 | 24 FI | JNERAL DIRECTOR F | | | ellinogres J | | 25a DAT | E REC'D. BY REGISTRAR 256 | REGISTRAR'S SIGNIZ | TURE |
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| | -4 | THE | 19-114-11 | W. W.C. | A SALVE | | - IVIUS - IVIU | | | |



STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

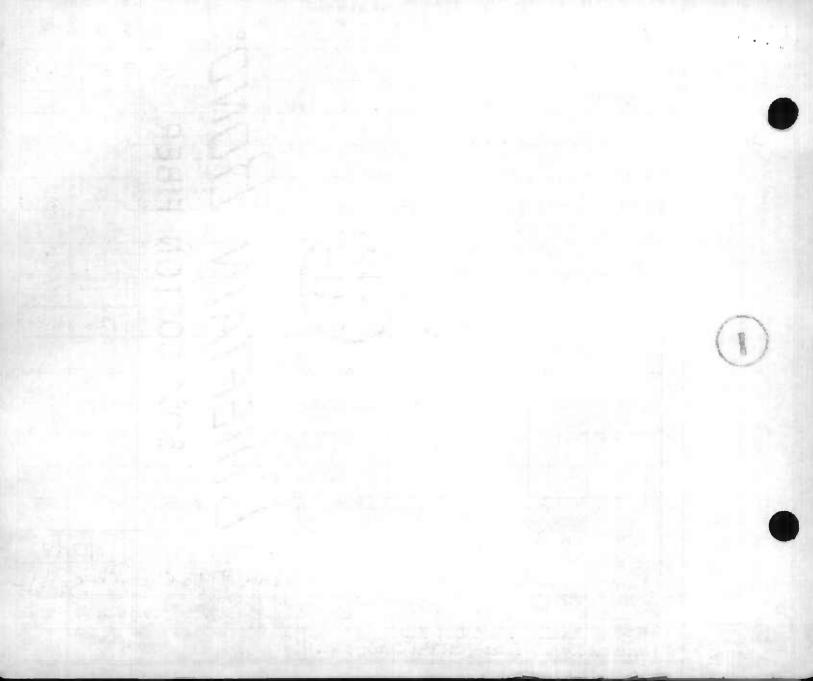
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| | CEASED NAME FIRST Stefan | ie | Gam | ble | | 20. DATE OF DEATH MONTH DAY YEAR 26 H | | | |
| 3 SEX | female | 4 RACE Caucasian | S DATE OF 8 | BIRTH DAY | 1924 | 6 AGE (IN YEARS LAST BE | RIHDAY) | IF UNDER 1 YE | |
| C | RTHPLACE (STATE OR FOREIGN COUNTRY) | 76 CITIZEN OF WHAT COUNTRY | MARRIED WIDOWED | | AARRIED | BALTIMORE CITY OF MONTGOM | 1000 | Y OF DEATH | |
| 10 CI | lver Spring | 11. NAME OF HOSPITAL, NURS (IF NOT IN SUCH FACILITY, GIVE STREE 10700 Gregory | Street | OTHER INST | ITUTION | 120 USUAL OCCUPAT (TYPE OF WORK FOR MOST) Waitress | ION | | OF BUSINESS (|
| 130 S Ma | ryland Mon | OR OTHER INSTITUTION GIVE RESIDENCE BEFO | ore admission) WN 130 Spring Y | | NO 🗌 | 13. STREET ADDRESS 10700 Gre | | | 209 |
| 14 FA | Tro fym | Shpwr Shpwr | 15 | | MAIDEN NAM FIRST 188 | WIDDIE | | Wa | ligun |
| | VAS DECEASED EVER IN U.S. A | RMED FORCES? 166 SOCIAL SECURIVE WAR OR DATES) 188-14- | | INFORMAI Brian | Gamble | | | Catamo | unt Ct. d. 2090 |
| | Conditions, if ony, which gove rise to immediate couse iol, stating the underlying cause lost DUE TO, OR AS A CONSEQUENCE OF PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 | | | | | | | | |
| z | | CONDITIONS CONTRIBUTING TO | DEATH BUT NO | T RELATED | TO THE TERMI | NAL DISEASE OR CON | IDITION G | IVEN IN PART | 110 |
| TIFICATION | | CONDITIONS CONTRIBUTING TO | | | 10.81 | 200 AUTOPSY? | 20b IF YI | ES, WERE FINI | DINGS USED |
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| | PART 2. OTHER SIGNIFICANT 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI LIFETIMER NOTHY MEDICAL EXAMIN 21d. IN JURY OCCURRED WHIE NOT WHIE AL WORK Sow the deceosed olive o obove. (I) (we) (did) (did in 22b. SIGNALURE | 21b TIME OF INJURY HOUR A.M. MONTH [P.M. 21e PLACE OF INJURY (AI MOME STREET, FACTORY, OFFICE | DAY YEAR 19 FARM ETC) 21 DEC | VAS PERFOR | RMED JURY OCCURRI N 19 Jour) opinion d TTENDING HYSICIAN | 200 AUTOPSY? YES NOK O (ENTER NATURE OF INJUINATION TO CITY OR TO | 20b IF YI IN CERT Y NRY IN ITEM 18 | ES, WERE FINITED CAUSES COUNTY | DINGS USED LES OF DEATH? NO |
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should be detached for use as the burial-transit permit. Then ple with the State Dept. of Health and Mental Hygiene prior to burial TO FUNERAL DIRECTOR: After this certificate has by

500 University Blud. West, Silver Spring, Md. AR 23



STATE OF MARYLAND

March 23, 1107 8:204 ntano N animata' edamine edamin rekvile diingaraa araing kore Surface, or the transport of the contract of t to the state of th By grading - preserve to the of Savere Andonie adolin his predmong Item Goding 19.81 22.8 19.91 Kernashi Ma miller, Vil. 200 - 20 x 7 41 , 3 , 18 7 .2.0, .mard .m. sve .man .5394 To LET IL LIenux ione, deries cas, inc. Sigo Maconsin ve, We, suchingron, 2. T. avolo wall such

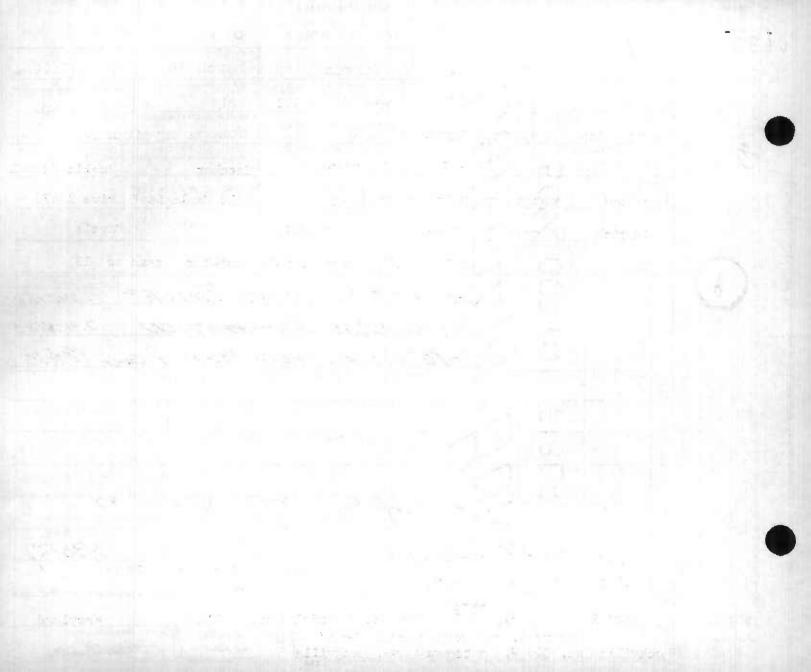
DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR I. DECEASED NAME 20 DATE OF DEATH MONTH 26 HOUR TYPE OR PRINTS Dolores March 30, 1987 R. 7:00A, Garcia 4 RACE 5. DATE OF BIRTH 3. SEX 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER 24 HRS MONTH YEAR Female Caucasian 1902 July TO BIRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Montgomery County United States Puerto Rico WIDOWED DNORCED [10 CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Gaithersburg 9814 Maple Leaf Public School Teacher USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 136 COUNTY 13e STREET ADDRESS / ZIP CODE Gaithersburg 9814 Maple Leaf Drive 20879 Montgomery Maryland 4. FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE Basilia Garcia Gabriel Torres Reves Mas DECEASED EVER IN U.S. ARMED FORCES? 66 SOCIAL SECURITY NO. 17 INFORMANT same as #13 Rosa G. Gale daughter 581-56-9443 APPROXIMATE INTERVAL BETWEEN ONSET AND DEA 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c), PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate cause (a), stating the underlying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 190 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOF 71a ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART) OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 21d INJURY OCCURRED TIE PLACE OF IN ILIRY 211 LOCATION STREET CITY OF TOWN COUNTY STATE AT HOME, STREET, FACTORY, OFFICE FARM, ETC.). WHILE NOT WHILE 220.1 certify that (1) (this haspital) attended, the deceased from sow the deceased alive on. and that in (my) (our) opinion death occurred on the date and hour and from the causes stated obove, (I) (we) (did) (did not) view the body ofter death. 226. SIGNATURE DEGREE 22c DATE SIGNED PHYSICIAN PHYSICIAN 774 PHYSICIAN'S NAME (TYPE OF PRINT) 22e ADDRESS 20528 Germantown Road Richard N. Katon, M.D. Germantown, MD 236 DATE March 23a BURIAL, CREMATION, REMOVAL 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION 31. 1987 Norbeck Memorial Park Buria1 Olnev Maryland PATE RECD. BY REGISTRAR 755 REGISTRAR'S SIGNATURE 74 FUNERAL DIRECTOR Robert A. Pumphrey Luneral DHMH - 16 60M 7/84

Rockville Inc. 300 W. Montgomery Ave. Rockville

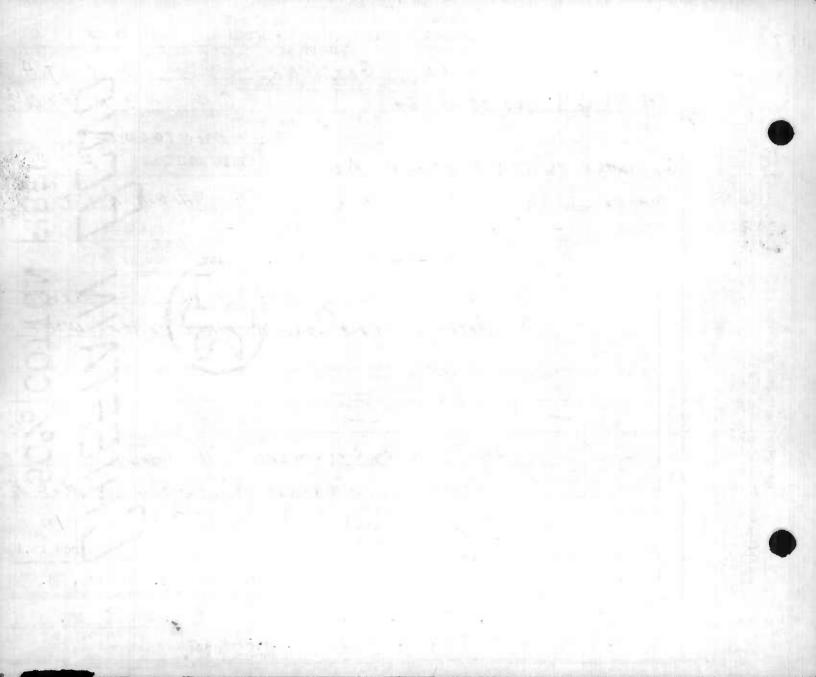
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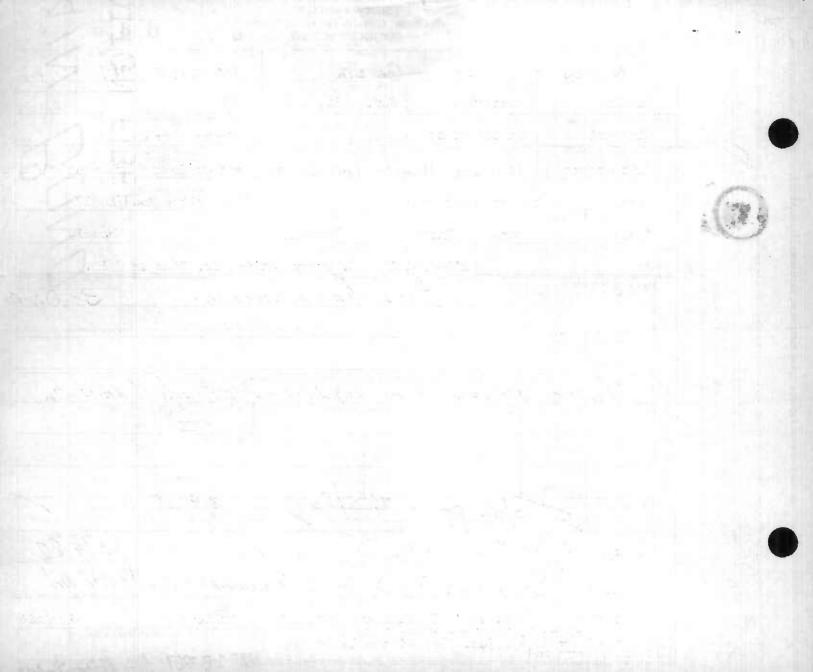
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STATE OF MARYLAND



STATE OF MARYLAND ARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CREGISTRAR MIDONN PDECEASED NAME FIRSTGORDON IAG ARDNER 20 DATE KNOWN MONTH 26 HOUR (TYPE OR PRINT) OF ESTI-18 3 GURDON N 72 HOUR 19 DATE LAST BIRTHDAY PRONOUNCED AUC. DEAD 08 08 22 9 BALTIMORE CITY OR COUNTY MARRIED NEVER MARRIED FORTEXAS USA WIDOWED DIVORCED MONTGOME 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION CTVIL ENGINEER AIRCRAFT 30. STATE 136 COUNTY CITY OR TOWN 13d INSIDE CITY LIMITS? 130 STREET ADDRESS LINCOLN RAY MARGODYES BY NO [SHERMA IS MOTHER'S MAIDEN NAME BOSTE CORA HINES GARDNER 17 INFORMANT 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 547-28-8838 Same as # 13 Jennie W. Gardner 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) APPROXIMATE INTERVA PART I DEATH WAS CAUSED BY IN FARETION VIYOC ARDIAL IMMEDIATE CAUSE (a Conditions, if any, which BEASE gove rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 In 190, DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? WRITING THE WORD "P WARDED TO THE CHIEF / PAGE 3 SHOULD BE USED FATE DEPARTMENT OF HE 20 AUTOPSY? BAB YES 🗌 NO 2/ 210 EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) FOR UNDERLYING CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY 211. LOCATION AT WORK AT WHILE CITY OR TOWN 220 I certify that I taok charge of the remains described above, held on Autopsy 3/18/87 Suicide ___ Homicide Undetermined monner DEATH, W March 18,198 MEDICAL EXAMINER 8200 Wisconsin Ave. Bethesda, Md. EXAMINER'S NAME PAGE A (TYPE OR PRINT) 23d LOCATION STATE MARCH 19,1987 BALT. WASH. CREMATORY LAUREL P. GEORGE MD. 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE **DHMH-17** MURIEL H. BARBER LAYTONSVILLE, MD. 20879 (VR A15 ME (5))





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Washington,

Inc.

DC

Richard Rapp,

Cremation

1804 T Street, NW,

24 FUNERAL DIRECTOR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

Metropolitan Crematory

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(Unavailable)

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

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12b. KIND OF BUSINESS OR

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DHMH - 16 60M 7/84 (VRA 15, 4)

FOR

REGISTRAR

- STATE

250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE Lia Dandon Panda

Alexandria,

| | | 1 | FOR F | lm #G626, | Items | 18 | SEDART | | | MARYLAN | - | IVOIEN | | | | | - 1 | |
|--|---|-----------------------|---------------------------|----------------------|----------------|--|--------------|----------------|----------------|---|----------------------|-----------|----------------|----------------|------------|------------|-------------|-----------|
| 050 | r | 11- | STATE + | ru 22a. b | y Medi | | | | | H AND MI | | | | 0 | 8 | 0 | 3 / | |
| 050 | 107 APR | I DE | REGISTRAR F | xaminer E FIRST | 4/29/8 | 7 sjb | WIDDLE | | 1511 3 | LAST | CAIL | 7 0 2 7 | | REG. | NO. | TH DAY | YEAR | 2b HOUR |
| | NECESSARY PLASE FUNERAL DIRECTOR. 5 FOR YOUR FILES. B. WITHIN 72 HOURS W. PRESTON STREET, | (TYP | E OR PRINT) | Pepp: | ina | (| Cont:i | | G | iambi | | | OF- | ESTI- MATED | 3 | 31 | 19 87 | |
| | FILE | 3 SE) | (| 4 RACE | | OF BIRTH | YFAR | 6. AGE (IN Y | EARS IF U | NDER 1 YR. | IF UNDER | 24 HRS. | 2c. DATE | E | MONT | | YEAR | 24 HOUR |
| | ON S | - | | White | | .19,19 | | 55 | RS. | THS DAYS | HOURS | MIN | PRONOU DEAI | | 3 | 31 | 19 87 | 7:28 |
| | ERAL SEET A SEET | FO | RTHPLACE (ST | TATE OR | | EN OF WH | IAT COUN | TRY? | 8. MAR | RIED NE | VER MARR | IED 🗌 | 9 BALTIA | MORE CIT | Y OR COL | JNTY OF | DEATH | |
| | A 2 3 4 7 | Italy | | | | Italy | DIVAL MAI | 201011011 | WIDO | | DIVORC | | | _ | | County MD. | | |
| | A STATE OF | | Chevy C | hase | 710 | 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 1700 POMANDER SIREET ADDRESS) 7109 POMANDER Lane: Housewife | | | | TYPE OF WO | OR INDUSTRY OWN Home | | | | | | | |
| 2120 | AND 3 AND 3 AND 3 AND 3 AND 3 | 1130 S | Tate myland Montgo | | e or other in: | other institution give residence before admission) Y 13c. CITY OR TOWN Chevy Chase | | | 136. INSIDE (I | 134. INSIDE CITY LIMITS? 13e STREET ADDRESS 7109 Pamander | | r La | Lane 20815 | | 15 | | | |
| WD | The same | li F/ | ATHER'S NAME | | MIDDLE | | | LAST | 1 | 15 MOTHE | R'S MAIDE | ENNAME | , | MIDDLE | | | LAST | |
| 2 | W 80 7 | | Lino | | I LEE | | _ | nti | | | Ade: | le | | | | onas | era | |
| STATE OF THE PROPERTY AND ADDRESS OF THE PROPERTY ADDRESS OF THE PROPERTY AND ADDRESS OF THE PROPERTY ADDRESS OF T | | 16a. V | ES, NO, OR UNKNO | D EVER IN U.S. A | RMED FOR | | | IAL SECURI | | 17. INFORA | | | / 77 | ADDRE | . \ | | ., | |
| | | - | | F DEATH (Enter o | | P | | vailal | эте | Secon | 100 G | 1amb1 | (Hu | sband |) S | ame 8 | APPROXIMATE | 13 |
| TST | HOUNE SWITTE | 6 | PARTIDE | ATH WAS CAUS | ED BY: | N | | | intox | ication | | | | | | BET | TWEEN ONSE | AND DEATH |
| TO | ALONA T PEF YGIE OVA | | 777 | IMMEDI | ATE CAUSE | (0) | | SEQUENCE | | reaction | | | | 7 | | | | |
| 8 | AL HIN | | | ns, if ony, whice | | (b). | | | | | | | | | | | | |
| * | PENC PENC OR OR | | | stoting the unde | | | AS A CON | SEQUENCE | OF | | | | | | | | | |
| . 20 | S N N N N N N N N N N N N N N N N N N N | | | | (| (c) | | | | | | | | | | | | |
| DIVISION OF VITAL RECORDS, 201 W. PRESTON S | TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 P. EXECUTE THE CERTIFICATE, WRITING THE WORD "PENDING" IN PENCIL IN ITEN PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALON TO FUNERAL DIRECTOR; PAGE 3 SHOULD BE USED AS A BURIAL-TRANSIT PER PATER DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGEIR BALLTIMORE, MARYLAND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAI | z | PART 2 DIHER SIG | GNIFICANT CONDITION | IS CONTRIBUTE | NG TO DEATH 1 | OUT NOT RELA | TED TO THE TER | MINAL DISEA | SE OR CONDITION | N GIVEN IN PA | RT 1 (a). | 44174 | 116 | | | 41-1-1 | |
| NEC. | PENDI | MEDICAL CERTIFICATION | 190. DATE OF OPERATION | | | 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? | | | | | | 120 | AUTOPSY: | , | | | | |
| IAL | SHOULD ORD "PE CHIEF A E USED A T OF HE | IFIC | | | | | | | | | | | | | | 20 | YES 🔽 | NO 🗆 |
| > 40 | THE SHAPE SH | CERT | | L CAUSE WAS | | b. TIME OF | | DAY YEA | 21c F | OW INJURY | OCCURRE | D (ENTER | NATURE OF IN | JURY IN ITEM | 18 PART TO | R PART 2] | res per | NO L |
| NO | SARTA ON THE | CAL | UNDERLYING CONTRIBUTIN | G □ OR Pri | THAT Y | P.M. | | /31 198 | | Subject | used | drugs | | | | | | |
| IVISI | GERTING DED TO 3 SHO DEPAI I PRICE | AED | 21d INJURY C | CCURRED | 2 | STREET, FACTO | | | 2 If LC | STREET | | | CITY OR TO | OWN | | COUNTY | | STATE |
| ۵ | WRI WARE PAGE 2120 | 1 | AT WORK | NOT WHILE AT WORK | 7 | | ome | | 710 | 9 Poman | der La | ne | | Chase | | tgome | ry Mai | ryland |
| | PER: ATE. | | 22a I certif | y that I took cha | rge of the r | emoins desc | ribed ob | held on | Auto | osy K. | Inspectio | n . | Inquiry | | ond in my | opinion | | |
| | BE L | 13 | deoth resulte | ed from Nos | orol chum | y | Acolden | L, s | uicide () | , Homic | ide . | Undete | ermined m | onner _ |]. | | | |
| | EXAMI CERTIFICATION BE DIREC (, WITH | | ACTUAL | 1 the | de 1 | 6 4 | KIM | N | | TITLE (S | | | | | DA | TE | | |
| -77 | MEDICAL CUTE THE SE 4 SHO FUNERAL ER DEATH TIMORE, H | / | SIGNATURE_ | 1 | - | - | 100 | | ^ | A.D. <u>ASS</u> | istar | IT MEDI | ICAL EXAM | MINER | SIG | NED | 1-1-8 | |
| | AND SE A PEN PER | | EXAMINER'S | NAME Cha | erles | P. Ko | okes, | M.D. | | _ADDRESS | 111 | Penn | St. | , Bal | to., | MD 2 | 21201 | |
| | | 23a. Bl | | TION, REMOVAL | | | | | METERY (| OR CREMATO | | | CATION | | | OTINIA | | ATE |
| 07/84 | BP 557 | Bu | urial | | Apr. 4 | ,1987 | Ga | te Of | Heav | en Cem | - | | | er Sp | | | rland | ATC. |
| 25M | DHMH - 17 | | NERAL DIREC | Lesm | F. K | 2 RODRESS | of The | | | A | DD 4 | REC'D. BY | REGISTRA | AR 256 RE | GISTRAR | SSIGNA | TURE | |
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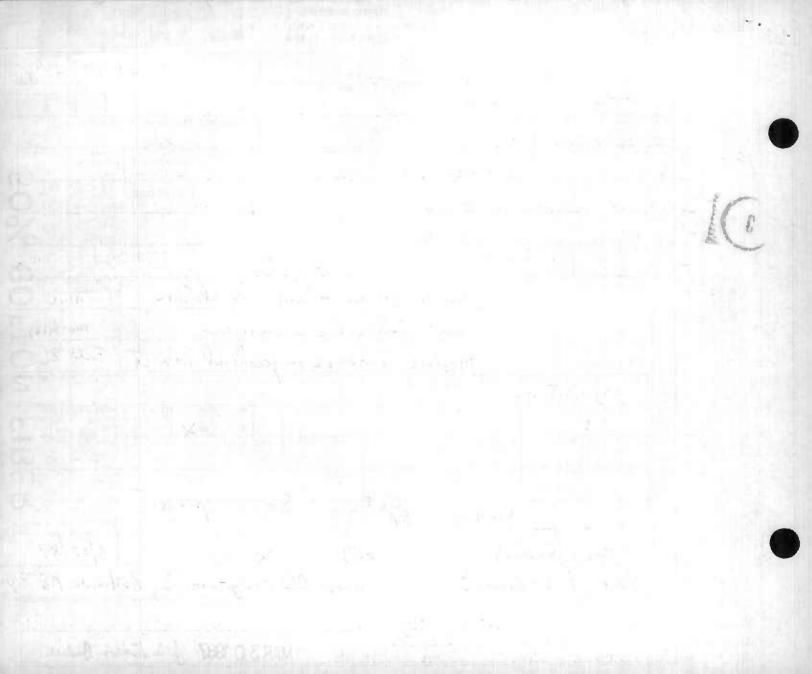
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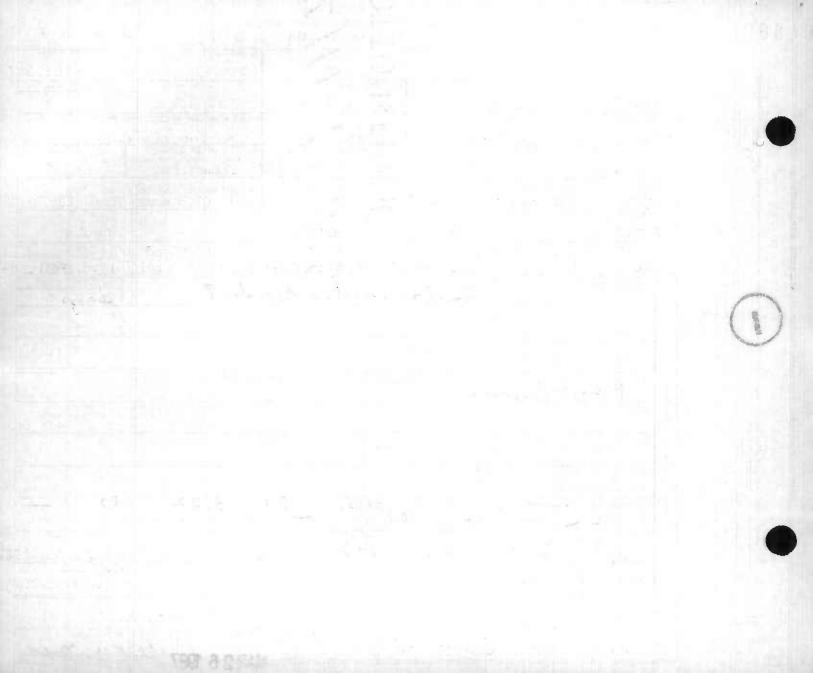
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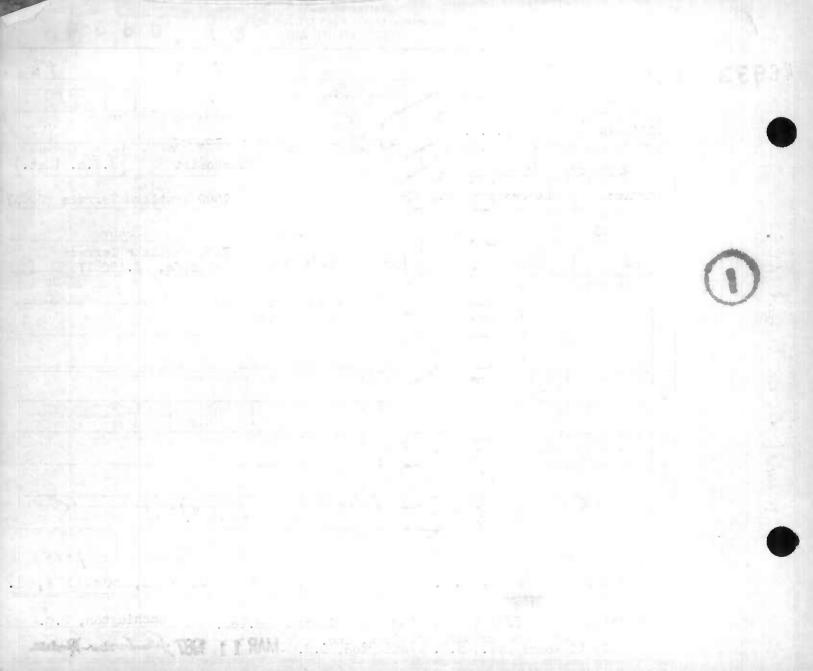
| | - 1 | | | | | STAT | E OF MARYLAND | | | | | |
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| 107 | | | FOR STATE | | DEPART | | EALTH AND MENTAL HY | GIENE | 0 | 8 0 | 38 | |
| 48/33 1 | . (. | | REGISTRAR | | | CERTIF | ICATE OF DEATH | REG | G. NO. | | | |
| | | | ASED NAME FIRST | | WIDDIE | ı | AST | 2a. DATE OF DEAT | | DAY YEAR | 7 1/56 | |
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| moy er d | 3 | . SEX | | 4. RACE | | 5. DATE O | OF BIRTH | 6. AGE IN YEARS LA | ST BIRTHDAY) | IF UNDER 1 YE | | _ |
| ge 4 | | | Female | Cauca | asian | May | 2. 1948 | 44 | YRS | MONTHS DAY | YS HOURS MIN. | |
| P 0 0 | 7 7 | | THPLACE (STATE OR FOREIGN | 76 CITIZEN OF | WHAT COUNTRY? | B. MARRIE | D NEVER MARRIED | 9 BALTIMORE CI | Y OR COUNT | Y OF DEATH | | |
| neron 77 in 77 or or or or | 10 | las | hington.D.C. | USA | | WIDOWE | | | tgomeri | , | MC |). |
| 12= / | 0 | 0. CIT | OR TOWN OF DEATH | | HOSPITAL, NURSII CH FACILITY, GIVE STREET | | OR OTHER INSTITUTION | 12a USUAL OCCU | PATION - | 1 126 KIND | OF BUSINESS OR | Ī |
| 20 E V V V V V V V V V V V V V V V V V V | |)ln | | | mery Gene | | ospital | Security | - Mana | gement | | |
| 23 hour | 1 | 30 ST | RESIDENCE (IF NUMBER OF A | NOTHER INSTITUTION | 1. GIVE RESIDENCE BEFOR | | 113d. INSIDE CITY LIMITS? | 13e.STREET ADDRI | SS / ZIP COI | DE | | |
| N T | Y | lari | uland Wont | aamoru | Wheaton | | YES NO | 12808 Bl | | | 20906 | |
| | J-1 | 4. FAT | HER'S NAME | MIDDLE | LAST | | 15 MOTHER'S MAIDEN N | AME | | | LAST | |
| WAI | DA | | Albert | J. | Peterso | ın. | Helen | W | | Ta | mbor | |
| Re d e Ficol | 1 | | AS DECEASED EVER IN U.S. AF | RMED FORCES? | 166 SOCIAL SEC | URITY NO. | 17 INFORMANT SC | N C | DORES 1010 | | ado Cours | - |
| MORE e exe n ond Poge | | No | | AE MAK OK DATES! | 216-40- | 5160 | | Sibson Ma | | | | - |
| ALT ite b it | / - | | 8 CAUSE OF DEATH (Enter of | nly one couse pe | | | | (1-0/1 | C | | ROXIMATE INTERVAL | = |
| f., B ifico phys movent, | | | PART I. DEATH WAS CAUSE | TE CAUSE (0) | Sudden | 3.1 | In - Vent. | tisrulla | din | | min | |
| N S Cert | | | 9/2 IMMEDIA | | | | A | | | | 1 | _ |
| STO tend tend on, c | | -1 | Conditions, if ony, which | DUE TO, C | OR AS A CONSEQU | rence of | vuler and | unnin | | | monites | |
| PRESTON he death or he attendin emove cart imotion, or rr troumotic | | | gove rise to immediate | 16)_ | , | , | | 1 | 1 . | | an leve | - |
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| so the so | | 1 | PART 2 OTHER SIGNIFICANT | CONDITIONS C | ONTRIBUTING TO | DEATH BUT | NOT RELATED TO THE YER | MINAL DISEASE OR (| CONDITION G | IVEN IN PART | 110 | = |
| RECORDS, low requir as been sig ermit. Then te prior to b | | Z O | aspirati | m | | | | | | | | |
| ony ony | 7 | CERTIFICATION | 90 DATE OF OPERATION | 19b. COND | ITION FOR WHICH | OPERATIO | N WAS PERFORMED | 200 AUTOPSY? | 20b. IF Y | ES, WERE FIN | DINGS USED | _ |
| hos hos | \times | Ĕ | | | | | | YES T NO | | IFYING CAUS | SES OF DEATH? | |
| VITA ysicio consit Hygin | | 8 | 10. ACCIDENT WAS UNDERLYING | 21b. TIME C | | | 21c. HOW INJURY OCCU | RRED (ENTER NATURE OF | | | 2) | - |
| Clan Physiting of transfer | | _ | OR CONTRIBUTING CAUSE OF DE | AIR | .M. MONTH D | AY YEAR | | | | | | |
| ONO Iding Ins cer Burid Men | / | MEDICAL | (IF EITHER NOTIFY MEDICAL EXAMINE | | OF INJURY | 19 | 211 LOCATION | | | | | - |
| DIVISION OF VITAL DIVISION OF VITAL ING PHYSICIAN: The ther this certificate he os the buriol-tronsit p hit and Mental Hygist p arked or frem 18 shee | | | WHILE NOT WHILE | (AT HOME, SI | TREET, FACTORY, OFFICE, | FARM ETC | STREET | CITA | OR TOWN | COUNTY | STATE | |
| Afre Afre | G | - 1 | 220 I certify that (I) (this hosp | tal) attended ti | he decented from | Oct | t 10 86 | o in p | resen | 10 | , that (I) (we) last | _ |
| OR US | 7 | | saw_the decemed olive or | 0-00 | | 87. | nd that in (my) (our) apinion | n death occurred on t | he date and hi | our and from t | | |
| A AT OSP | 2 | - | 126 SICINATURE | view the body | y often death. | - (| DEGREE | | | | TE SIGNED | _ |
| the horached to be | 9 | | Koca Fle | man | | | | MEDICAL DIRECTOR PH | STAFF | - 1 | 22/87 | |
| HOSPITAL med by the FUNERAL Mid be determined for the Store | 1 | 1 | 22d PHYSICIAN'S NAME (TYPE | OR PRINT) | 1 | | 22e ADDRESS | DIRECTOR PF | O. | 0 / | 1 41200 | - |
| O HOSPITA etoined by TO FUNERA should be d with the Sto | /1 | | Koger I.L | eona. | rd | | 10401 010 | seorgetown | a (KO) 1 | Sethes | da Mo | 1 |
| TO H show | 1 | 2a D1 | IRIAL, CREMATION, REMOVAL | | | NIAME OF C | EMETERY OR CREMATORY | | 1 | | | = |
| 00 | | 151 | PECIFY) | | | | | CITY OR TOV | /N | COUNTY | STATE | |
| BP | 1 | | VIIAL NERAL DIRECTOR THAN | | 5,1987 Ga | | Heaven | ATE REC'D, BY REGIST | Spring | Montg | omery Md. | _ |
| DHMH - 16 60M 7/ | 84 | | NAME FILLIPLE | | Collinsons | | MA | | | Colden. | | |
| (VRA 15, 4) | | 500 | 1 University R | Vud [1] | Silven | Sutini | 2 Md INA | וטפו ט ב ח | Church ! | Margello | Furthern Co. | |



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR 20. DATE OF DEATH MONTH 1. DECEASED NAME 26 HOUR (TYPE OR PRINT) Dorothy March 22, 1987 10:53 Gindy M. 6. AGE (IN YEARS LAST BIRTHDAY) 4 RACE 5. DATE OF BIRTH MONTH Female White Feb. 1914 70. BIRTHPLACE (STATE OR FOREIGN 9. BALTIMORE CITY OR COUNTY OF DEATH 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED Ohio U.S.A. DIVORCED [Montgomery County WIDOWEDXX 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12b. KIND OF BUSINESS OR (M NOT IN SUCH FACILITY, GIVE STREET ADDRESS)
Lady Grove Adventist Hospit (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Rockville Homemaker Home 136 COUNTY 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS / ZIP CODE 19310 Club House Road (20879) Maryland Gaithersburg Montgomery 4. FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE MIDDLE Jacobs Abraham Marshall Minnie 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17. INFORMANT Maryland 20814 (IF YES, GIVE WAR OR DATES) (YES, NO OR UNKNOWN) Gindy: Son: 5818 Bradley Blvd.: Bethesda 272-07-9809 NO 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c). PART I. DEATH WAS CAUSED BY W. PRESTON ST DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (a), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES T NO 21a. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) YEAR HOUR A.M. MONTH DAY OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 19 211 LOCATION 21d INJURY OCCURRED 21e PLACE OF INJURY CITY OR TOWN AT HOME STREET, FACTORY, OFFICE, FARM, ETC. I NOT WHILE 220.1 certify that (I) (this heapital) attended the deceased from sow the deceased alive on above, (I) we later death and that in (my) (aut) opinion death accurred on the date and haur and from the causes stated DEGREE 22c DATE SIGNED ATTENDING MEDICAL STAFF March 23, 1987 PHYSICIAN DIRECTOR | PHYSICIAN should be der with the State NEWMAN, M.D. 19261 Montgomery Village Avenue; Gaithersburg 23a. BURIAL, CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY STATE Washington, D.C. Cremation 3/26/87 Lee Crematory 24 FUNERAL DIRECTORDANZANSKY-GOLDBERG MEMORIAL, CHAPETS 250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE DHMH - 16 60M 7/84 1170 Rockville Pike; Rockville, Md. 20852 Section Normals (VRA 15, 4)

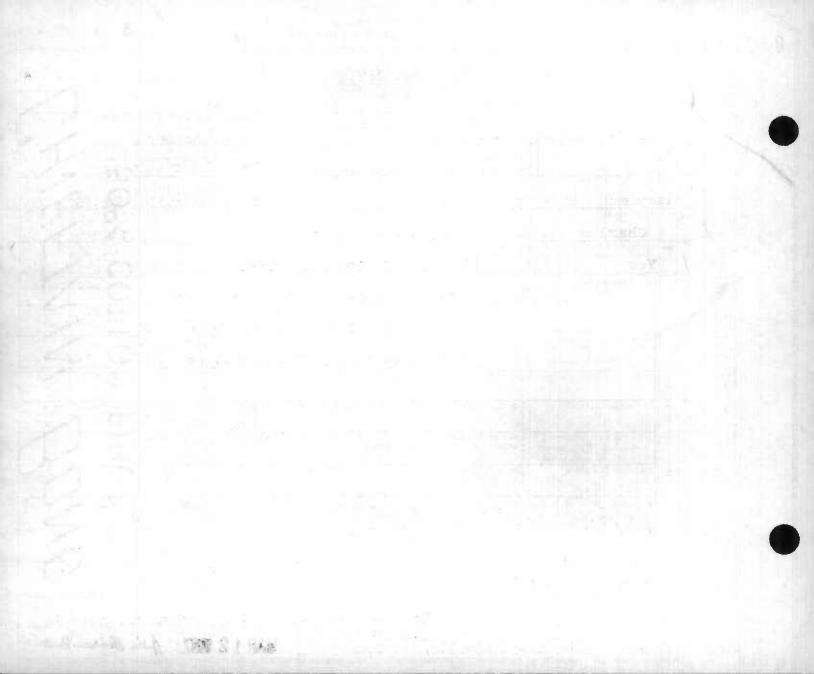


STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 20. DATE OF DEATH MONTH LAST 1. DECEASED NAME FIRST 2b HOUR (TYPE OR PRINT) 03/05/83 NORMAN GOLD 4. RACE 5 DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER 24 HR YEAR "TT/21/21 MALE CAUC 70. BIRTHPLACE I STATE OF FOREIGN Th. CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED ITTThois U.S.A. DIVORCED montgomery cnty 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12b. KIND OF BUSINESS OR Biochemist (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) INDUSTRY (Ret. BETHESDA SUBURBAN HOSPTTAL USUAL RESIDENCE (II 13. STREET ADDRESS / ZIP CODE 7600 Westlake Terrace Maryland Montgomery 13 Bethesda 13d. INSIDE CITY LIMITS? 20817 15. MOTHER'S MAIDEN NAME 4 FATHER'S NAME MIDDLE LAST MIDDLE Sol Gold Fannie Schov 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 7600 Westlake Terrace 16b. SOCIAL SECURITY NO 17 INFORMANT (YES NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 355-05-0485 Phyllis Gold Bethesda, Md. 20817 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gove rise to immediate cause (a), stoting DUE TO, OR AS A CONSEQUENCE OF underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0 CERTIFICATION 190 DATE OF OPERATION 20b. IF YES, WERE FINDINGS USED 19h, CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NOT YES 21a ACCIDENT WAS UNDERLYING 21h TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 21d INJURY OCCURRED 21e. PLACE OF INJURY 211. LOCATION COUNTY CITY OF TOWN STATE (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 220.1 certify that (1) (this hospital) attended the deceased from saw the deceosed alive on, and that in (my) (aur) opinion death accurred on the date and hour and from the couses stated obove, (I) (we) (did) (did nat) view the bady ofter deoth. 22b. SIGNATURE DEGREE 22c DATE SIGNED ATTENDING MEDICAL STAFF DIRECTOR PHYSICIAN MPORTANT 22d. PHYSICIAN'S NAME (LYPE OR PRINT) 22e ADDRESS should be Sanford Richman, M.D. 1500 Old Georgetown Rd. Rockville. Md. 230 BURIAL, CREMATION, REMOVAL 23b. DATE 23c NAME OF CEMETERY OR CREMATORY (SPECIFY) Removal George Washington Med Sch Washington, D.C. 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE RECTOR Columbia Mortuary Services, Inc. 225 Missouri Ave., N.W. Washington, D.C. DHMH - 16 60M 7/B4 (VRA 15, 4)



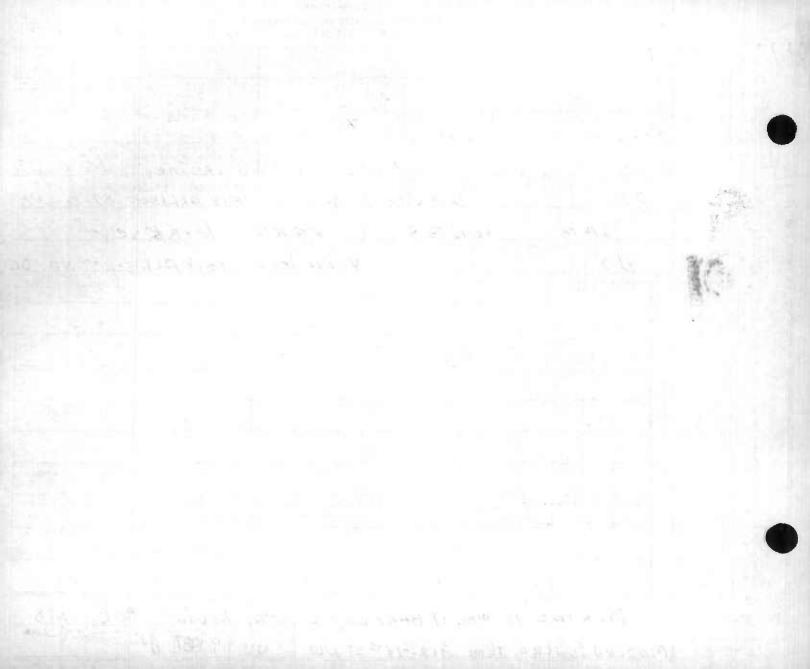
STATE OF MARYLAND

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| | | STATE OF MARYLAND | |
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| | 1 - STATE | DEPARTMENT OF HEALTH AND MENTAL HYGIENE | 2 6 4 4 |
| A 1 5 4 5 | REGISTRAR | CERTIFICATE OF DEATH O REG. NO. | 0 0 |
| 047451 MAR 1 | 1 DECEASED NAME FIRST | MIDDLE LAST 20. DATE OF DEATH MONTH D | DAY YEAR 26 HOUR |
| 4 10 | 126MA | JOYCE GORDON 3-12-87 | 1145 PM |
| 0 00 | 1. SEX | 4. RACE S. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) | IF UNDER TYEAR IF UNDER 24 HRS |
| 4 90 | F | B MONTH DAY YEAR 35 YES | MONTHS DAYS HOURS MIN. |
| - 1 11 AC | JE BIRTHPLACE YELLE DANSELON | THE CHARGE CITY OF COUNTY | OF DEATH |
| 1 16 /6/ | TENNESS EF | U.S A. WIDOWED DIVORCED MONTGOMEN | |
| 1 11/1/17 | 12 CITY OR TOWN OF DEATH | 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION | 126 KIND OF BUSINESS QR |
| = 4/4 11 1/ | TAXAMA PARIL | WASHINGSON AD WENTER HOSP SECRETARY | U.S. GOUT |
| 27 | USUAL RESIDENCE (IF NURSING HOME | OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) | 12 (166) |
| 9 2 33 7/ | D.C. | UASH. 13d INSIDE CITY LIMITS? 13d STREET ADDRESS / ZIP GODE | 57. N.W. |
| 3 1 34 1- | TA FATHER'S NAME | IS MOTHER'S MAIDEN NAME | 37770.00 |
| B 1 19 /// | CAM | MIDDLE LAST MIDDLE | LAST . |
| 1 1 1 01 | Idas WAS DECEASED EVER IN U.S. | MANED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS | CY |
| | | DAY WAR OR DATES | ST VID. NO |
| £ 4 950 | 7 | VCRA JONES 1518 ALLIS | APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH |
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| 01 ft book to | | Due to, or as, a consequence of (b) Subarguinnoid Hemorrhage | 5 day |
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| ¥ 5 555 E | cause tot, starting the underlying cause last. | Due to, or as a consequence of Right Middle Cerebral Arvery | 5 days |
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| 26 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | THE SIGNIFICAN | TOUNDITIONS CONTRIBUTING TO DEATH BUT NOT KELATED TO THE TERMINAL DISEASE OF CONDITION GIVE | EN IN PART 110 |
| 8 1117 | The DATE OF OPERATION | 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 206 AUTOPSY? 206. IF YES | , WERE FINDINGS USED |
| 2 2 2 2 2 2 | ₹ 318180 | Drew Or Middle Cooking Day _ INCERTIF | YING CAUSES OF DEATH? |
| 1 50 111 | 21a. ACCIDENT WAS UNDERLYING | | |
| A SETTION | CONCOMPRISED TO THE ALLEST OF A | HOUR A.M. MONTH DAY YEAR | |
| NO STORY A | THE INJURY OCCURRED | 71e PLACE OF INJURY 71f LOCATION | |
| NS 4 4 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | William Deprisons D | (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) STREET CITY OR TOWN | COUNTY STATE |
| Disco of the state | | pulsely attended the deceosed from 319187 19 to 3112 | 19 22 , that (I) (we) last |
| A 1 8 9 4 4 | | 3 12 19 80 , and that in (my) (see) opinion death occurred on the date and hour | |
| Tage State | abave, (I) (we) (did) (did- | oot) view the body after death. DEGREE | 22c. DATE SIGNED |
| 0 # 0 # 0 # 0 # 0 | (D) Just | ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN D | 3/12/82 |
| A STATE OF | THE PHYMICIAN'S NAME ITTE | 22e ADDRESS | |
| 5 5 7 5 7 8 V | Alfred P | Tunzar MD 7600 (arroll) Nerve Takome | Park, Ma |
| 0 | 23s. BURIAL CREMATION, REMOV. | | |
| (1999999 | BURLE | City OR TOWN | COUNTY |
| 7/19++ | 14 FUNERAL DIRECTOR | - 19-MAR ST HARMONY CEMETER LANDER POINT | RAR'S SIGNATURE |
| DHMH 16 80M 7/84 (VRA 15, 4) | | Ral Home. 3821-1445T. NW MAR 1 7 1987 Julia | Dundum Kanan |
| (VKM 15, 4) | MIGDERN IUNE | 16 41 110MC. 7831-17-21. DW MAK 1 1001 0 | |



| | | | | | STAT | E OF MARYLAND | | | | |
|----------------------------|---|---------------|--|--|---------------------|-------------------------------|-----------------------------|------------------------|--------------------------------------|--|
| 6 | | 1- | FOR STATE REGISTRAR | DEI | | ICATE OF DEATH | GIENE 8 PREG. NO | 0 8 | 6 4 | 5 |
| | m s | | CEASED NAME FIRST | MIDDLE | · · | AST | 20. DATE OF DEATH | MONTH DAY | YEAR 2b H | OUR |
| 465 | 5 7 7 7 9 1AR 11 | 07 | James | | Grant | | | 03 09 | | - 20AM |
| | tte. | 3: SE | 4.4.5 | 4 RACE | 5. DATE (| | 6. AGE (IN YEARS LAST BIRT | MONTHS | DAYS HOUR | DER 24 HRS |
| | oge on so | | MALE | WHIT | | 27 99 | 87 | YRS | | |
| | # 10 E E LT | | CIMPLACE (STATE OR FOREIGN LINGTON, D.C. | 76 CITIZEN OF WHAT COUL | XVXISKIK. | XXNEVER MARRIED - | 9 BALTIMORE CITY O | R COUNTY OF DI | EATH | |
| | deo deo | | TY OR TOWN OF DEATH | 11. NAME OF HOSPITAL, N | WIDOWE | | Montgomer | Y I.m. | KAID OF BUS | MD. |
| | offer of the sed with | 10. 0 | IT OR TOWN OF DEATH | (IF NOT IN SUCH FACILITY, GIVE | | OR OTHER INSTITUTION | (TYPE OF WORK FOR MOST O | F WORKING LIFE) | KIND OF BUS DUSTR LOTE nitenti | ion |
| 1201 | ours in by | LLS-Ü) | Olney AL RESIDENCE (IF NURSING HOME OF | Montgomery (| EBEFORE ADMISSION | lospital | Juara | . 1 | A STREET | ary |
| 10 2 | 24 h | 13a. S | TATE 13b COUI | NTY 13c. CITY O | RTOWN | 13d. INSIDE CITY LIMITS? | 13e STREET ADDRESS | | 1000 | 920 |
| TA | | 14. F.A | THER'S NAME | 000 | NEY | YES NO 1 | 18430 | 1316016 | 0140 | 1 K |
| MARYLAND | d d d | 1 | (Unob tainable | DIODIE | ST / | "(Unobt | ainable) | | LAST | |
| | d con | | AS DECEASED EVER IN U.S. AR | RMED FORCES? 166 SOCIA | L SECURITY NO. | 17 INFORMANT Lynn C. Stone | ADDRE | 2035 Wes | t 166st | |
| BALTIMORE | be execution and c | (, | EXES (UNKNOWN) WW KS, GI | VE WAR OR DATEST 577-10 | -4401 | Lynn C. Stone | e- daughter | Lawnsdal | e, cas | 10260 |
| SALT | sicro sicro ripers ol. | | 18. CAUSE OF DEATH (Enter or | nly one couse per line for (o), | (b), 67d (c).) | | 1 | ~ L | APPROXIMATE IN | NTERVAL AND DEATH |
| | 4 /11 | 119 | PART I. DEATH WAS CAUSE IMMEDIA | TE CAUSE (0) | we C | ereburose | ularberi | duit | | |
| PRESTON ST | de (in the state) | | | DUE TO, OR AS CON | SEQUENCE OF | CI | 1 | | | |
| REST | | | Conditions, if ony, which gove rise to immediate | (b) Cer | Jeny | ayuloso | liver | | | |
| ¥. | by the size reconstruction of the size reconstru | | couse (o), stoting the underlying couse lost. | DUE TO, OR AS A CON | SEQUENCE OF | | | | | |
| 201 | or or | | | (c)CONDITIONS CONTRIBUTION | C TO DEATH BUT | NOT BELATED TO THE TERM | MINIAL DISEASE OR CONT | DITION CIVEN IN | DARY law | |
| | quire sign hen j to bu | Z | Por 1 Sa so | Fine The | - Bull | ald el | By The CU | | an Eles | 7. |
| Ö | been mit. I prior | ¥ | 190 DATE OF OPERATION | 196. CONDITION FOR V | VHICH OPERATIO | N WAS PERFORMED | 200 AUTOPSY? | 20b. IF YES, WER | RE FINDINGS U | ISED |
| AL RE | Per | CERTIFICATION | | | | | YES NO T | IN CERTIFYING | CAUSES OF DE | |
| DIVISION OF VITAL RECORDS, | icote h Hygie Hygie | G. | 210. ACCIDENT WAS UNDERLYING | | H DAY YEAR | 21c. HOW INJURY OCCUP | RRED (ENTER NATURE OF INJUR | Y IN ITEM 18 PART 1 OF | R PART 2) | |
| Ö | SICIA 19 pt 19 pt 10 pt | CAL | OR CONTRIBUTING CAUSE OF DE | Alta I | 19 | | | | | |
| Sion | trendir trendir trendir the bu | MEDICAL | 21d INJURY OCCURRED | 21e PLACE OF INJURY (AT HOME STREET, FACTORY, O | OFFICE, FARM, ETC.) | 211. LOCATION STREET | CITY OR TO | wn cc | OUNTY | STATE |
| DIVI | Z 0 + 0 + 6 | 1 | AT WORK NOT WHILE | | 7 | 70 | 7 7 | 8 | 7 | |
| | T = S S S | | 220 I certify that (I) (this hasp sow the deceased alive or | 2 | | nd that in (my) (our) opinion | / | 7 19 | | I) (we) lost |
| | DR ATTE hospith DIRECTC ched for Dept of them 21 | | | ot) view the body after death. | | DEGREE | dediti occorred on the do | Ti | Tom the couses | stoted |
| | 0 0 0 0 4 | | 100 | 10. (0 | Acr | ATTENDING . | MEDICAL STAF | F _ | 3/9/0 | 2 |
| | HOSPITAL ned by the FUNERAL old be determined to the Stote | | 22d PHYS CIAN'S NAME (TYPE | OR PRINT | 10 | 22e ADDRESS 7 | DIRECTOR PHYSIC | IAN | 1/1/10 | - |
| | OH SELECTION OF A SEL | | RIBEN | C, CO54 | 1 | OFUL | ipic) il | 110 21 | Cit | |
| | 5 g 5 d 3 g | 23a. 6 | URIAL, CREMATION, REMOVAL | | | EMETERY OR CREMATORY | 23d LOCATION | 1000 | 0 | |
| | BP | | Burial | 3-11-87 | | ncoln Cemeter | CITY OF TOWN | Pr. G | eorges | Md. |
| | DHMH - 16 60M 7/84 | 24 FU | nesyRinaldi Fu | 11 | 800 N.H. | Ave., 250 DA | TE REC'D. BY REGISTRAR | 256 REGISTRAR'S | SIGNATURE | |
| | (VRA 15, 4) | Hi | nes7Kinaldi Fu | neral Home St | r. Spr. I | MA MA | R 10 1987 | The Red | ALL D | The state of the s |



| | STATE | OF | MARYLAND |
|--|-------|----|----------|
|--|-------|----|----------|

LAST

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

| OII | 8 REC | G. NO. | 0 | 8 | 0 | 4 | 6 |
|-----|------------------|--------------|-----|---------|------------|----------|--------|
| | 2a. DATE OF DEAT | H MONTH | 25 | YAC | YEAR 87 | 26 HOL | 19/ N |
| 1 | AGE (IN YEARS LA | ST BIRTHDAY) | | IF UNDE | RIYEAR | IF UNDER | 24 HR5 |
| | 23 | | /DS | ONTHS | DATS | HOURS | WIN |

| | 0 0 1 | Old Gleensch | |
|------------|-------------------|-----------------------------|------------------|
| SEX | | 4 RACE | 5. DATE OF BIRTH |
| F | emale | (aucasian | MONTH 3 |
| BIRTHPLACE | (STATE OR FOREIGN | 76 CITIZEN OF WHAT COUNTRY? | 8 |

13b. COUNTY

160 WAS DECEASED EVER IN U.S. ARMED FORCES?

on

MIDDLE

In MARRIED NEVER MARRIED WIDOWED DIVORCED

DAY

Montgomer 12ª USUAL OCCUPATION 126 KIND OF BUSINESS OR CLOTHING (TYPE OF WORK FOR MOST OF WORKING LIFE) LABELER

BALTIMORE CITY OR COUNTY OF DEATH

| 10 | CITY OR TOWN OF DEATH | |
|----|-----------------------|--|
| | Betherda | |
| | Delheraa | |

FOR

UREGISTRAR

DECEASED NAME (TYPE OR PRINT)

- STATE

RUSSIA

130. STATE

CERTIFICATION

Subriben USUAL RESIDENCE HE NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 13r. CITY OR TOWN Rockville

(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)

11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION

13d INSIDE CITY LIMITS? YES NO T 15 MOTHER'S MAIDEN NAME FIRST BESSTE

YEAR 04

> 13e.STREET ADDRESS / ZIP CODE APT. 406 11420 Strand Dr. 20852

> > UNKNOWN

14. FATHER'S NAME REUBIN

MAGAZINER

ISH SOCIAL SECURITY NO

IT INFORMANT MRS. BERNICE APPRELISTEIN APT 406 20852 216-32-9654 111420 STRAND DR. ROCKVILLE, MD

MIDDLE

NO OR UNKNOWN) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Conditions, if any, which gave rise to immediate couse (a), stating underlying cause

NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 robable acute my occurred in furtion. 19a DATE OF OPERATION 19h. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOA 210. ACCIDENT WAS UNDERLYING 71h TIME OF INJURY

HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 21d IN HIRY OCCURRED 21e PLACE OF INJURY AT HOME STREET, FACTORY, OFFICE, FARM ETC.)

21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 211. LOCATION

WHILE NOT WHILE AT WORK 220.1 certify that (1) (this hospital) attended the deceased from Nov

STREET

CITY OF TOWN COUNTY STATE

saw the deceased alive on Mov 2-5 above, (I) (wa) (did not) view the bady after death. 17% SIGNATUR

DEGREE M.D.

ATTENDING MEDICAL STAFF DIRECTOR PHYSICIAN PHYSICIAN 22e ADDRESS

22c. DATE SIGNED

23a BURIAL, CREMATION, REMOVAL

231 NAME OF CEMETERY OR CREMATORY

23d LOCATION CITY OR TOY

Lane, Rochile, for

MARYLAND

(SPECIFY) BURIAL

MAR. 27, 1987

BETH TFILOH

BALTIMORE 250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

and that in (my) (my) opinion death accurred on the date and hour and from the causes stated

va Benydown Pands

DHMH - 16 60M 7/84 (VRA 15, 4)

24 FUNERAL DIRECTOR SOL LEVINSON & BROS., INC. 6010 REISTERSTOWN RD.

State of the state Control of the Control

(VRA 15, 4)

| | | | 75.70 | | | | | | STATI | OF MARYLAND | * " 6 | - | | | 100 |
|----------------------------|---------|------------------|-------------------|---------------|--|-----------------|---------------|------------------------|--------------|-----------------------------|-----------------|----------------------|------------|--------------|----------------------------------|
| . 0 | 20 | 20 | 1110 00 | | FOR | | | DEPART | MENT OF H | EALTH AND MENTAL HY | GIENE | | | | |
| 4 0 | 1 6 | 2-6 | MAR ZI | 17 | STATE REGISTRAR | | | | | ICATE OF DEATH | 8 | REG. NO. | 8 | 6 | 47 |
| | | | | | CEASED NAME | FIRST | 1 | MIDDLE | i. | AST | 20. DATE OF | DEATH MONT | H DAY | YEAR | 26. HOUR |
| | pe | oge 3 | | (TYPE | OR PRINT) | rne | 10 | | (36 | 21 FONE | 2/2 | 1/87 | | | 100 |
| | yo. | pog - | | 3 SE | | | RACE | | 5. DATE O | | A AGE UNY | EARS LAST BIRTHDAY | IF I | INDER I YEAR | A LINIDED AMPS |
| | 4 | ector, | | 0.02 | Peru | re | 4 | Rite | MONTH | DAY YEAR | | 05 | YRS. | | HOURS MIN. |
| | 0 | में वे | Cair La | | RTHPLACE (STATE OR FO | DREIGN 76 | CITIZEN OF | WHAT COUNTRY? | | | 9 BALTIMO | RE CITY OR CO | | DEATH | |
| | leoth. | in 72 | to to | | TTAL | 4 | USA | | WIDOWE | | M | ONTGO | ME | Ky | MD. |
| | 1 5 | e fo | 37/ | 10 C | TY OR TOWN OF DEA | TH 11 | | | | ROTHER INSTITUTION | 12a USUAL C | OCCUPATION | | | F BUSINESS OR |
| 1201 | A sa | by th | 10/ | Ti | TROMA P | APICU | NASH | HFACILITY, GIVE STREET | ADIE | MIST HOSE | | FOR MOST OF WOR | | own h | ome |
| 12 | Poc | d in | 1 | | | 136 COUNTY | | 136. CITY OR TOW | E ADMISSION) | 138. INSIDE CITY LIMITS? | 112 STREET | ADDRESS / ZIP | CODE | 200 | 703 |
| BALTIMORE, MARYLAND'2 | 24 | fille blo | D | | NA | MON | | Sils | 20 | YES NO | | CHI | CK | ASA | WDA |
| X | thi | tely 2 sh | 12-1 | 14.F/ | THER'S NAME | | | | 1 | 15 MOTHER'S MAIDEN N | AME | | | | |
| IAR | 3 | apple | 1.5 | | FIRST T - 1 | MIC | DDLE | 1 1 1 | | Victori | | WIDDIE | - | id anns | antonio |
| E, | of c | COM | 100 | 160 \ | John VAS DECEASED EVER I | NIIS ARME | D FORCES? | Albanes | | 17 INFORMANT | d | ADDRESS | | Tailli | IIILOIIIO |
| OR | exe | pud | , die | (| res, no or unknown) | (IF YES, GIVE W | | 1 | _ / | | - 0-16- | P | | - | - 12-1 |
| N. | - | - d | E / | | N/A | N/ | <u>A</u> | 2133 | 2-603 | Y Philomen | a Griio | ne - da | u- (s | - | |
| | | adiod | ent, th | | 18 CAUSE OF DEATH PART I. DEATH WA | AS CAUSED I | BY: | line far-tal, (b), ar | nd icil | scalar | 0 | le t | | BETWEEN | MATE INTERVAL ONSET AND DEATH |
| TS NO | 1 | 1 | ofic ev | 9 | The same | IMMEDIATE | | | | | | acr. | | | |
| STC | 1 | - | on mo | | Canditions, if ony, | which | (b) | ant | env | selesso | | | | | |
| 8 | 2 | 25 | 1 1 | 41.7 | gave rise to imm cause (o), stating | | DUE TO O | R AS A CONSEQU | EMPERAL | | | | | | E'U. |
| 201 W. PRESTON | hot | by | ol, cr | | underlying cause | | (c)_ | RASACONSE | - | | | | | | |
| 20 | res 1 | ned o | y, or | | PART 2 OTHER SIGN | IFICANT CO | NDITIONS CO | ONTRIBUTING TO | DEATH BUT | NOT RELATED TO THE TER | MINAL DISEASI | OR CONDITIO | N GIVEN | IN PART 10 | a a |
| DIVISION OF VITAL RECORDS, | regui | en sig | or to b | CERTIFICATION | Ce | enge | stri | (he | art | facture | | | | | |
| RECO | No. | os be | S on | FICA | 190. DATE OF OPERAT | ION | 19b. COND | ITION FOR WHICH | OPERATION | N WAS PERFORMED | 20a AUTO | IN | CERTIFYIN | | NGS USED OF DEATH? |
| M | The The | cior re hi | your and a second | E | | | | | | Tat | YES | NOK | YES [| | NO 🗌 |
| > | Z. | ficol | 1 200 | | 210. ACCIDENT WAS UNDI | | HOUR A. | M. MONTH D | AY YEAR | 21c HOW INJURY OCCL | RRED (ENTER NA | TURE OF INJURY IN IT | EM 18 PART | 1 OR PART 2) | |
| 0 | D. | g b | tem | 3 | (IF EITHER NOTIFY MEDIC | | Р. | M. | 19 | | | | | | |
| ō | H. | his o | or A | MEDICAL | 21d. INJURY OCCURR | ED | 21e PLACE | OF INJURY | E abas STC 1 | 211 LOCATION STREET | internation. | CITY OR TOWN | | COUNTY | STATE |
| N/S | 9 | offer the so the | hon | Σ | AT WORK NOT WHI | LE C | (AT TOME, STR | REET, FACTORY, OFFICE, | FARM, ETC) | VIII.E. | | | | | |
| 0 | 9 | A A | s me | | 22a.1 certify that (1) | | | | | , 19.80 |), to= | 12/ | . 19. | 87. | that (I) (we) lost |
| | TTE | TO for | 21 i | | saw the decease abave, (I) (we) (d | d olive an_ | Br 2 | otter death | 87, an | d that in (my) (aur) apinia | n death accurre | d on the date or | nd hour ar | nd fram the | causes stated |
| | ≪ - | REC hed | ept. | | 226 SIGNATURE | | | | | DEGREE | | | | 22c. DATE | SIGNED , |
| | AL O | AL D detacl | IT: # 1 | | n | 1 Si | rou | MD | | ATTENDING PHYSICIAN | MEDICAL | STAFF PHYSICIAN | | 3/ | 21/87 |

22e ADDRESS

230 NAME OF CEMETERY OR CREMATORY

Arlington National

236 BURIAL, CREMATION, REMOVAL . 236. DATE 3-25-1987 Burial DHMH - 16 60M 7/84

226 PHYSICIAN'S NAME (TYPE OF PRINT)

MSNOW

24 FUNERAL DIRECTOR Hines / Rinaldi Funeral Home 11800 N.H. Ave. Silver Spring, Md.

mo

250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATE MAR 2 4 1987

23d LOCATION
CITYOFT TING TON



DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH IN REGISTRAR 20 DATE KNOWN DECEASED NAME (TYPE OR PRINT) ESTI-Cliff DEATH MATED Edward Grimes 3-16 1987 4 RACE S DATE OF BIRTH AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS DATE 2d HOUR LAST BIRTHDAY) RONOUNCED May 23, 1945 DEAD White Th. CITIZEN OF WHAT COUNTRY TO BIRTHPLACE (STATE OF 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) West Virginia USA WIDOWED DIVORCED Montgomery County O CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS 12817 Glen Mill Road Rockville Driver Construction COUNTY 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET ADDRESS Catlett YES [Fauguier NO F Rt. P FATHER'S NAME IS MOTHER'S MAIDEN NAME MIDDLE MIDDLE lichard Creel Julia Bieper 17 INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO Vietnam 234-70-1915 Edward Hall, Bealeton, Virginia 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c). BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Electrocution DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (o) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (g) 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES T NO [21g. EXTERNAL CAUSE WAS 216 TIME OF INJURY Subject unicading truck which came into UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 3-16 10 87 confact with electrical wire 21e PLACE OF INJURY (ATHOME 21d INJURY OCCURRED 211 LOCATION WHILE AT WORK 12817 Glen Mill Rd construction site MD Montgomery Autopsy X 27s. I certify that Lacok charge of the remains dead bed above, held on Inspection and in my opinion Hamicide DECUTE PAGE 4 SHOWN TO FUNERAL DIV 3-17-87 Assistant EXAMINER'S NAME Dennis F. Smyth M.D. 111 Penn St., Balto., MD (TYPE OR PRINT) 23a. BURIAL, CREMATION, REMOVAL 23b DATE 73r NAME OF CEMETERY OR CREMATORY 236 LOCATION Cremation March 19,1987 Metropolitan Crematory Alexandria Virginia MAR 30 1987 August Declaration States ome. Inc. 233 Broadview Ave. Warrenton, Virginia Moser Funeral Home, Inc. (VR A15 ME (5))

The later of the later of a pillono (f) Tr. . or a second to the secon was a state of the state of the

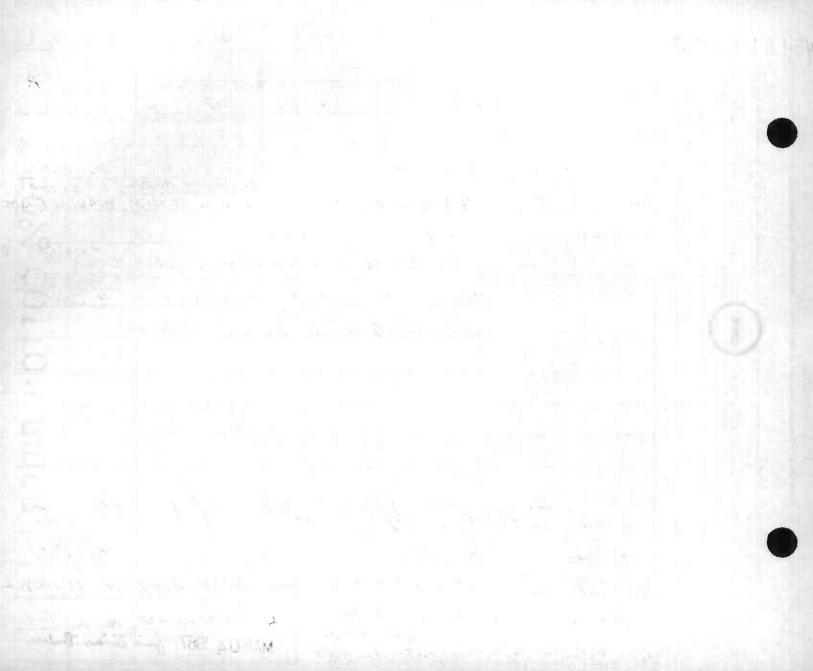
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO. DECEASED NAME 20 DATE OF DEATH 2h HOUR (TYPE OR PRINT) 4. RACE 6. AGE (IN YEARS LAST BIRTHDAY) YEAR White 1910 ALTIMORE CITY OR COUNTY OF DEATH To BIRTHPLACE ISTATE OR FOREIGN Th CITIZEN OF WHAT COUNTRY MARRIED KNEVER MARRIED WIDOWED DIVORCED New York OSPITAL NURSING HOME OF OTHER INSTITUTION THE SIND OF BUSINESS OR labor 1136 COUNTY 9904 Dallas Ave Montgomeru Silver Spring 20901 15. MOTHER'S MAIDEN NAME MIDDLE Cohen ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT (YES, NO OR UNKNOWN) HE YES GIVE WAR OR DATES! Wilma H. Grassfield Same as # 13 079 12 7836 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c). Conditions, if ony, which gove rise to immediate couse (o), stofing couse 206. IF YES, WERE FINDINGS USED 200 AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NOF (ENTER NATURE OF INJURY IN ITEM 18 PART I ORPART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 211 LOCATION 21d INJURY OCCURRED 21e PLACE OF INJURY AT HOME STREET FACTORY, OFFICE, FARM ETC.) STREET NOT WHILE 22a I certify that (I) (this haspital office and that in (my) (our) opinion death occurred on the date and hour and from the causes stated Ill (we) (alid) (did not) vigo th 220 DATE SIGNED ATTENDING PHYSICIAN PHYSICIAN 3/24/87 Burial Chatham Chatham Cemetery Sangamon 500 University Blvd. W. 250, DATE REC'D. BY REGISTRAR 256, REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR DHMH - 16 60M 7/84 Francis J. Collins. Jr. Silver Spring. Md. 20901 (VRA 15, 4)

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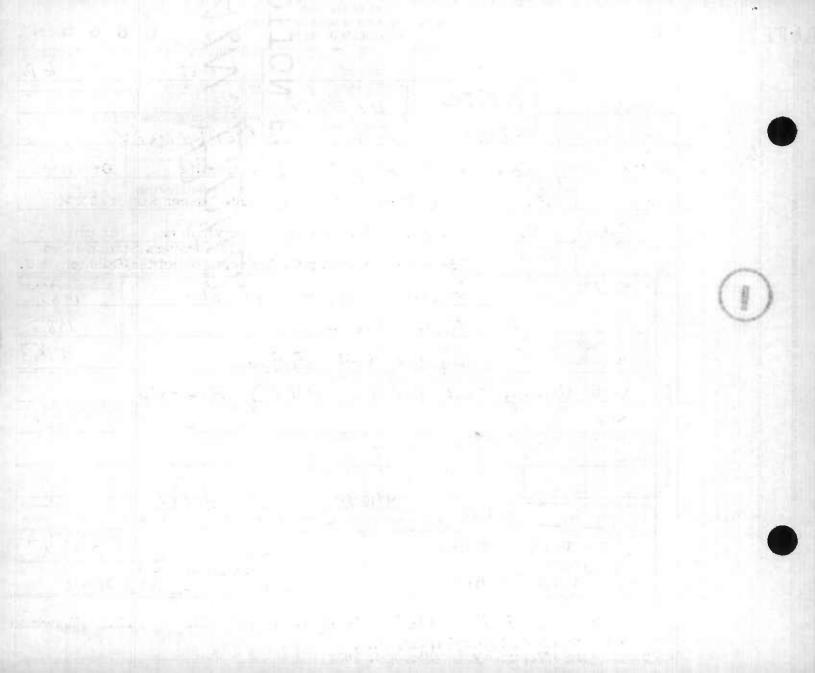
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 20. DATE OF DEATH 1. DECEASED NAME MONTH 2b. HOUR LIVE OF PRINTS Pauline Inoss man 3. SEX 5 DATE OF BIRTH AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR DAYS HOURS 19ma18 To BIRTHPLACE ISTATE OF FOREIGN BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED WIDOWED DIVORCED | CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OF OTHER INSTITUTION 12b. KIND OF BUSINESS OR Damestic SUAL RESIDENCE LIF NURSING HOME OR OTHER INSMITUTION GIVE RESIDENCE BEFORE DAISSIONI 13a. STATE 13 COUNTY 13d. INSIDE CITY LIMITS? WASHINGTON NO [2101 16 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE NATHAN unfor, 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT David GROSSMAN 6350 RED CODAR Pl 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0 Conditions, if ony, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1/9 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20g AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOF YES [NO [21a ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM TB PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 19 21d IN JURY OCCURRED 21e. PLACE OF INJURY 21f LOCATION COUNTY CITY OR TOWN STATE STREET (AT HOME STREET, FACTORY, OFFICE, FARM ETC.) NOT WHILE AT WORK 220.1 certify that (1) (this becaute) attended the deceased from saw the deceased alive an and that in (my) (port opinion death accurred on the date and hour and from the causes stated abave, (1) (wet (did) (did not) view the body after death 22b. SIGNATURE DEGREE 22c DATE STATE ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN 22d. PHYSICIAN'S NAME ITYPE OR PRINTA 22e ADDRESS 23a BURIAL, CREMATION, REMOVAL 23b. DATE 23c NAME OF CEMETERY OR CREMATORY BETH MOSES FARMINGDALE BURIAL DHMH - 16 60M 7/84 HEBREW MEMORIAL F.H. INC- 1100 Reisterstown Rd (VRA 15. 4)



| 8506 HAR | 100 | 700 | | STATE OF MARYLAND | | | | | | | |
|---|---------------|--|--|---|---|---|--|--|--|--|--|
| O 3 U O DAT | 43 | OF DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE DEGISTRAP CERTIFICATE OF DEATH | | | | | | | | | |
| | 1 05 | REGISTRAR CEASED NAME FIRST | MIDDLE | LAST TEAT | REG. NO. | DAY YEAR 12h HOUR | | | | | |
| e me | | OR PRINT) | | LA31 | | 1000 | | | | | |
| page r deoi | 0.00 | Alfred | | Grove Sr. | March 21, 198 | | | | | | |
| 4 m | 3. SE: | X | 4 RACE | 5. DATE OF BIRTH MONTH DAY YEAR | 6 AGE (IN YEARS LAST BIRTHDAY) | MONTHS DAYS HOURS MIN. | | | | | |
| s co | | Male | Caucasian | October 29, 1922 | 64 YRS | | | | | | |
| 60 20 | | RTHPLACE (STATE OF FOREIGN COUNTRY) | 76 CITIZEN OF WHAT COUNTRY | MARRIED NEVER MARRIED | 9 BALTIMORE CITY OR COUNT | Y OF DEATH | | | | | |
| 第3/8 | | Ohio | United States | WIDOWED DIVORCED | Montgomery Cou | nty Maryland MD. | | | | | |
| Na I A | 10 C | ITY OR TOWN OF DEATH | (IF NOT IN SUCH FACILITY, GIVE STRE | SING HOME OR OTHER INSTITUTION ET ADDRESS) | 120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING L | 12b. KIND OF BUSINESS OR | | | | | |
| 3 6 0 | | Caithersburg | 19423 Brassie | Place #201 | Manager . | Auto Body Shop | | | | | |
| 5 P P | 13a. S | AL RESIDENCE (IF NURSING HOME TATE 136. COL | OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE TO THE TOTAL TO THE TOTAL TO THE TOTAL T | DRE ADMISSION) | 13e STREET ADDRESS / ZIP COD | 01010 | | | | | |
| 100 | | Maryland Mor | teomery Gaithe | VEC [7] 110 [8] | 19423 Brassie | | | | | | |
| 12 Sely | 14. FA | ATHER'S NAME FIRST | MIDDLE LAST | 15 MOTHER'S MAIDEN NA | AME | IAST | | | | | |
| of maples |] | Ethelbert F: | rancis Grove | | middle | Mercer | | | | | |
| oges l | | VAS DECEASED EVER IN U.S. A | ARMED FORCES? 166 SOCIAL SEG | | 5613 Catocti | In Ridge Drive | | | | | |
| Pog medi | 1 1 | | II 295-01- | 7563 Kevin K. Gro | | | | | | | |
| the | | IS CAUSE OF DEATH (Enter | only ane cause per line far (a), (b), | | ve mer miry. | APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH | | | | | |
| 1 | | PART I. DEATH WAS CAUS | SED BY: | | | do | | | | | |
| 211 | | IMMEDI | ATE CAUSE (0) KESPIT | atom Folling | | 1000 | | | | | |
| No. 1 | | COST TO SECURE | DUE TO, OR AS A CONSEC | DUENCE OF | | 6 months | | | | | |
| 5131 | | Conditions, if any, which | (b) human a | Conter | | 6 morells | | | | | |
| - | | gove rise to immediate cause (a), stoting the | DUE TO, OR AS A CONSEQ | DIENCE OF | | | | | | | |
| by Dese Orth | | underlying couse last | (6) | 02.102.01 | | | | | | | |
| aned burns burns ry, or | | PART 2 OTHER SIGNIFICANT | CONDITIONS CONTRIBUTING TO | DEATH BUT NOT RELATED TO THE TERM | MINAL DISEASE OR CONDITION GI | VEN IN PART 110 | | | | | |
| Then to bi | o N | | | | | | | | | | |
| mit. prior | CERTIFICATION | 190 DATE OF OPERATION | 196 CONDITION FOR WHIC | CH OPERATION WAS PERFORMED | 20a AUTOPSY? 20b. IF YE | ES, WERE FINDINGS USED | | | | | |
| Po s po s | Ĭ | | | | | IFYING CAUSES OF DEATH? | | | | | |
| cote ronsit Hygical B sho | H. | 21g. ACCIDENT WAS UNDERLYING | 216. TIME OF INJURY | 21c HOW INJURY OCCUP | RED (ENTER NATURE OF INJURY IN ITEM 18 | | | | | | |
| 1 1 0 c | | OR CONTRIBUTING CAUSE OF C | CAIR | DAY YEAR | | | | | | | |
| . 3 < . / | MEDICAL | (IF EITHER NOTIFY MEDICAL EXAMIN | | 19 211 LOCATION | | | | | | | |
| the bond A | VEC | The state of the s | 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFIC | | CITY OR TOWN | COUNTY STATE | | | | | |
| fter os t h o srke | _ | AT WORK NOT WHILE | | | | | | | | | |
| Se on | 100 | 220 I certify that (I) (this has | attended the deceased from | 9/30 19 86 | 2 , to 3/23 | , 19 8 +, that (1) (**) last | | | | | |
| of H | | saw the deceased alive of | n 3/10 19 | 87 , and that in (my) the apinion | death occurred on the date and ha | our and from the couses stated | | | | | |
| Ed to | | 27h SHAPTLIRE | not) view the body ofter death. | DEGREE | | 224. DATE SIGNED | | | | | |
| Dep Dep | 10 | 11/1 | 1 0 0 | ATTENDING | MEDICAL STAFF | IN. DATE SIGNED | | | | | |
| det det | | mo | Van C | PHYSICIAN | DIRECTOR PHYSICIAN | March 23, 198 | | | | | |
| TAP | | 224 PHYSICIAN'S NAME (TYPE | OR PRINT) | 27. ADDRESS 16220 | Frederick Road | 1 #213 | | | | | |
| TO FUNERAL I should be deta with the State I IMPORTANT: IF | | Carl T. Sc | hoenberger M.D. | | ville, Maryland 2 | | | | | | |
| S × S × T | 23e E | SURIAL, CREMATION, REMOVA | AL 236 DATE 23 | NAME OF CEMETERY OR CREMATORY | 123d LOCATION | | | | | | |
| | | SPECIFY) | March | Metropolitan | CITY OR TOWN | COUNTY STATE | | | | | |
| DD | | I'mamatian | 1 11 1007 | O | 1 11 1 | | | | | | |
| BP | 24.5 | Cremation | 23, 1987 | Crematory | Alexandria, | Virginia | | | | | |
| BP IMH - 16 60M 7/84 | 24. FU | JNERAL DIRECTOR Robert | A. Pimphrey Fullie, Inc. ADDRESS Try Avenue Rockvi | neral Home/ 25a. DA | TE REC'D. BY REGISTRAR 256 REGIS | Virginia TRAR'S SIGNATURE | | | | | |

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| 7 | | | | | | STAT | E OF MARYLAND | | | | |
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| 8 6 2 8 MAR 30 | 17 | FOR STATE | | | DEPAI | | EALTH AND MENTAL H | YGIENE | 0 8 | 3 6 | 5 4 |
| . 0 0 2 0 11.00 | I DE | REGISTRAR CEASED NAME | FIRST | | MIDDLE | | AST. | REG. NO. | ONTH DAY | YEAR | 12b HOUR |
| of be | | OR PRINT) | Louise | | ٧. | 6 | roves | 3-19-87 | | | 6 PM |
| may be page 3 fer death | 3 SE | (| | RACE // | V . | 5. DATE C | | 6. AGE (IN YEARS LAST BIRTHE | DAY) IF | UNDER I YEAR | IF UNDER 24 HRS |
| age 4 r | 2 | Female | | Whi | te | MONTH | 30/06 | 80 | YRS. | NTHS DAYS | HOURS MIN. |
| death. P | | RTHPLACE (STATE OR F COUNTRY) ryland | OREIGN /b | U.S. | A. | MARRIE WIDOWE | D NEVER MARRIED ! | | UERL | F DEATH | MD. |
| Softe fulled with the | 50 | IVER SPRE | NA A | | HOSPITAL, NUR | | SPITAL | 120 USUAL OCCUPATION (1YPE OF WORK FOR MOST OF Y Housewife | ORKING LIFE) | INDUSTRY | Home |
| BATTIMORE, MARYLAND 2120 Executed within 24 hours, ond completely filled in by the Fig. 1 and 2 should be fill the medical examiner missible fill the missible fill the medical examiner missible fill the mis | | AL RESIDENCE (IF NURSI TATE ryland | P.G. | | GIVE RESIDENCE BEI | Park | 13d. INSIDE CITY LIMITS? | | OF CODE | et 20 | 740 |
| YLA thin thin thin thin | | THER'S NAME | | | | , I G. II | 15 MOTHER'S MAIDEN | | | CC 20 | |
| war | | Andrew | AIC | DDLE | Blad | en | Laura | Virginia | 3 | Bryan | nt |
| d co | | VAS DECEASED EVER | IN U.S. ARME | | 166 SOCIAL SE | CURITY NO. | 17. INFORMANT | 1341 Mey | | | |
| OMI CO | No | | (IF TES, GIVE W | VAR OR DATES | 213-20 | -2206 | Virginia C. | Roberts (Daug | hter) | Odent | ton, Md. |
| | | 18 CAUSE OF DEATH PART I. DEATH W | H (Enter only AS CAUSED I | BY: | rline for (a), (b), Mes- | 1 - | Lureinoma | of colon | | APPROXI SETWEEN | 1987 |
| o die | | | | | R AS A CONSE | DUENCE OF | 4 | | | | 1107 |
| PREST | | Canditions, if any, | | ((b)_ | acut | | newmorner | | | | (18/ |
| DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., ING PHYSICIAN: The low requires that the dearn with a chending physician. Wher this certificate has been signed by the attenuate as the burial-transit permit. Then please remove as the nord Americal Hygiene prior to burial, cremation, arrent and Americal Hygiene prior to burial, cremation, arrent ared or them 18 shows any injury, or other traumatic even | | cause (a), statin- underlying cause | g the | DUE TO, O | R AS A CONSE | QUENCE OF U | ent Ful | Ture | | | 1987 |
| S, 20 uires ignec en pli burii | z | PART 2. OTHER SIGN | IFICANT CO | NDITIONS C | ONTRIBUTING 1 | O DEATH BUT | NOT RELATED TO THE TE | RMINAL DISEASE OR CONDI | TION GIVEN | IN PART 1 | 0 |
| ORD reen s reen s reen s reen s | TIO | 190 DATE OF OPERAT | Unn | THE COND | net |) feel | N WAS PERFORMED | 1) HARC | 206 IF YES, V | VEDE EINID IN | 10c uses |
| REC nos b nos perm ne pr | CERTIFICATION | Nie | 1014 | IN COIND | IIION FOR WHI | ICH OPERATIO | N WAS PERFORMED | YES TO NOT | IN CERTIFYIN | VG CAUSES | OF DEATH? |
| DF VITAL The physicio physicio Trificate biltronsit tal Hygie m 18 sho | CERT | 21a. ACCIDENT WAS UND | DERLYING | 21b. TIME C | | | 21c. HOW INJURY OCC | URRED (ENTER NATURE OF INJURY | | 1 OR PART 2) | NO |
| Clan phy phy phy ol-tre ol-tre ntol H | | OR CONTRIBUTING C | | | M. MONTH | DAY YEAR | | | | | |
| PHYSIC ending this cei e buric d Aven | MEDICAL | 21d INJURY OCCURR | RED | 21e. PLACE | OF INJURY | | 21f LOCATION STREET | CITY OR FOWN | 1 | COUNTY | STATE |
| DIVE Officer of the orker orker | ~ | MHILE NOT WHE | RK | | | 11/ | 10 | 1.06 | 7 | 1.01 | |
| OR: A COLOR | | 220.1 certify that | | ottended th | deceased fra | 1 | 6/10 19 | | , 19 | | that (1) (we) last |
| ATTE Ospith d for m 21 | 18.5 | obove (I) we) | d glive an_ lid)(did not) v | view the body | alter death. | | | on death accurred on the date | and hour o | | |
| ERAL DIR he by the he ERAL DIR he detache State Department of the beautiful to the beautiful the bea | 3 | 226. SIGNATURE DBP | thet | | cmo | | DEGREE ATTENDING PHYSICIAN | MEDICAL STAFF DIRECTOR PHYSICIA | .пП | 3 | 19/87 |
| HOSI pined FUN Sould b | | 6BP | THE CITYPE OR PI | | CY | | 22e ADDRESS 933 | I Colesville | Rd | 209 | 10 |
| of of www M | | URIAL, CREMATION, | REMOVAL | 23b. DATE | 2. | 31 NAME OF C | EMETERY OR CREMATOR | Y 23d LOCATION | | OUNTY | STATE |
| BP | | Burial | | 03/23/ | | t. John | 's Cemeter | v Beltsville | P. 6 | G | Maryland |
| DHMH - 16 60M 7/B4 | Fr | ancis Gasc | h's So | ns Fur | neral Allo | me P | A 25a C | ATE REC'D. BY REGISTRAN 25 | REGISTRA | R'S SIGNAT | ORE |
| (VRA 15, 4) | 47 | 39 Baltimor | e AVe | nue H | yattsvil | le, Md. | 20781 NAR | 26 1981 0 | | | |

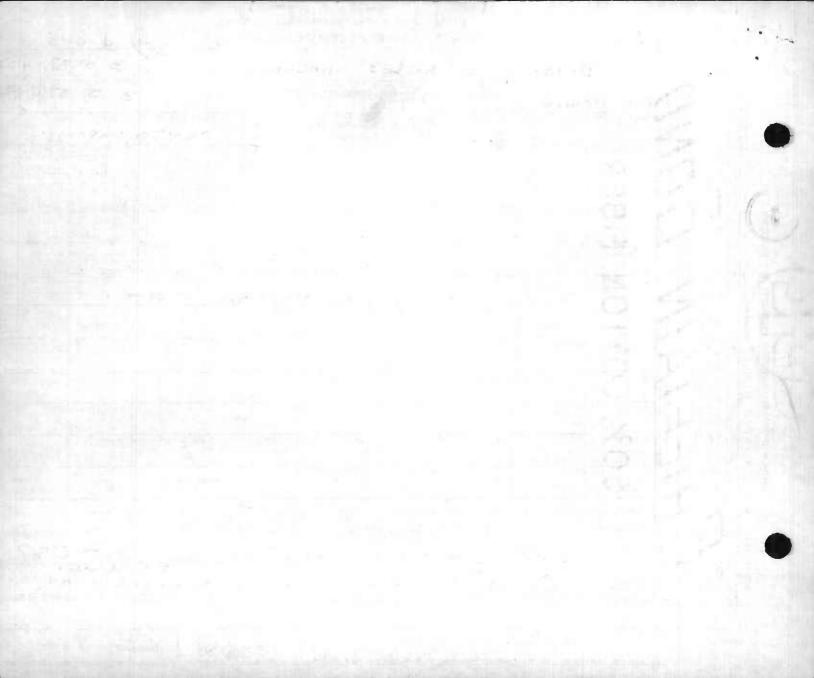


STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO. 1. DECEASED NAME 20 DATE KNOWN MONTH (TYPE OR PRINT) OF ESTI-HENRY CHARLES 19 AGE (IN YEARS | IF UNDER 1 YR. IF UNDER 24 HRS 2c. DATE LAST BIRTHDAY 87 PRONOUNCED MALE 16 1914 Jan. 76. CITIZEN OF WHAT COUNTRY 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED XXNEVER MARRIED FOREIGN COUNTRY! Maryland U.S.A. DIVORCED TUDE 18 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION Rockville Shady Grove Adventist Hospital Law Librarian U.S. Supreme 310 Eldrid Drive 3n STATE 13b COUNTY 13d. INSIDE CITY LIMITS? Montgomery Silver Spring Maruland 20904 YES 🗌 NO [14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME FIRST Hallam, Sr. Virginia Bohrer Henry 17. INFORMANT SON 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO. 197715 Ridge Drive Philip M. Hallam Rockville, Md. 20853 218-20-2365 18 CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c). PART I DEATH WAS CAUSED BY: MYURIES Multiple Conditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10 19g. DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES [] NO X 210. EXTERNAL CAUSE WAS 216 TIME OF INJURY 21¢ HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M. 21e PLACE OF INJURY (AT HOME, 211 LOCATION 21d INJURY OCCURRED STREET, FACTORY, FARM, ETC.) STREET CITY OF TOWN COUNTY WHILE AT WORK 220 I certify that I took charge of the remains described above, held an Autopsy Inspection and in my apinion death resulted from: Notural couses Homicide ___ Undetermined manner EXECUTE THE CERTIF PAGE 4 SHOULD BE TO FUNERAL DIREC AFTER DEATH BALTMORE. TITLE (SPECIFY EXAMINER'S NAME (TYPE OR PRINT) 230. BURIAL, CREMATION, REMOVAL 236, DAT 23d LOCATION Burial March 11, 1987 Gate of Heaven Cemetery Silver Spring Montgomery Md.

24 FUNERAL DIRECTOR Francis J. Callins, Jr.

250. Date REC'D. By REGISTRAR'S SIGNATURE
NAME

250. Date REC'D. By REGISTRAR'S SIGNATURE 07/84 25M Julia Davidson Readards **DHMH - 17** (VR A15 ME (5)) 500 University Blvd. West. Silver Spring. Md.



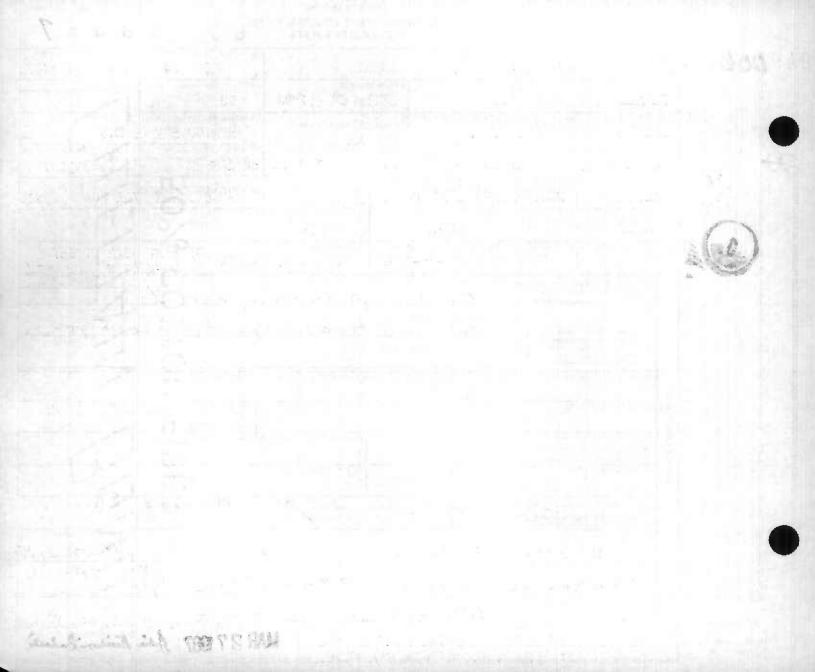
48 | 53 MAR DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 20. DATE OF DEATH MONTH 1. DECEASED NAME M arshall (TYPE OR PRINT) Henry Hanbury March 16,1987 4 RACE 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR 3 SEX Jan. 18, 1907 Male White BALTIMORE CITY OR COUNTY OF DEATH 70. BIRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED Alabama IJSA Montgomery WIDOWED DIVORCED [ID CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12b. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Daisy 16076 A.E. Mullinex Road Gen. Mang. Sales Texaco Co. USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 136 COUNTY 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET ADDRESS / ZIP CODE Fla. Stuart 301 S.E. Harbor Point Dr YES X 15 MOTHER'S MAIDEN NAME LA FATHER'S NAME William FIRST Julia Marshall Hanbury Starr Peeples 60. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT LYES. NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 092-22-0417 Wife - Christine L. Hanbury - Same as #13 no 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c), 1 PART I. DEATH WAS CAUSED BY Graige G11054 IMMEDIATE CAUSE (a)_ DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART Lia 200 AUTOPSY? 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? 21a. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION COUNTY STATE CITY OF TOWN (AT HOME, STREET, FACTORY, OFFICE FARM, ETC.) NOT WHILE 220.1 certify that (1) (this haspital) attended the deceased from, saw the deceased alve on 33 above (1) (we) (did) (did not) view the body after death. and that in my Your) apinian death accurred on the date and hour and from the causes stated 226. SIGNATURE DEGREE 22c DATE SIGNED ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN March 16,1987 22e ADDRESS 224. PHYSICIAN'S NAME (TYPE OR PRINT) 12012, Viers Mill Road, Wheaton, Maryland Howard J. Goldburg, M. D. 23d LOCATION 236 NAME OF CEMETERY OR CREMATORY 230 BURIAL CREMATION REMOVAL March 19,1987 Metropolitan Crematory, Alexandria, Virginia Cremation DeVol Funeral Home wheredown Handall Washington, D.C. (VRA 15, 4)

Jen. Jen. 7000 E 104 1 Cliv. - Millier Book | Oev. Main. Emlert Derect Co. on S.E. Harmy Parity Pr. Select Transfer Julia State Tooler Allers and - verballes and states - in Figure - in

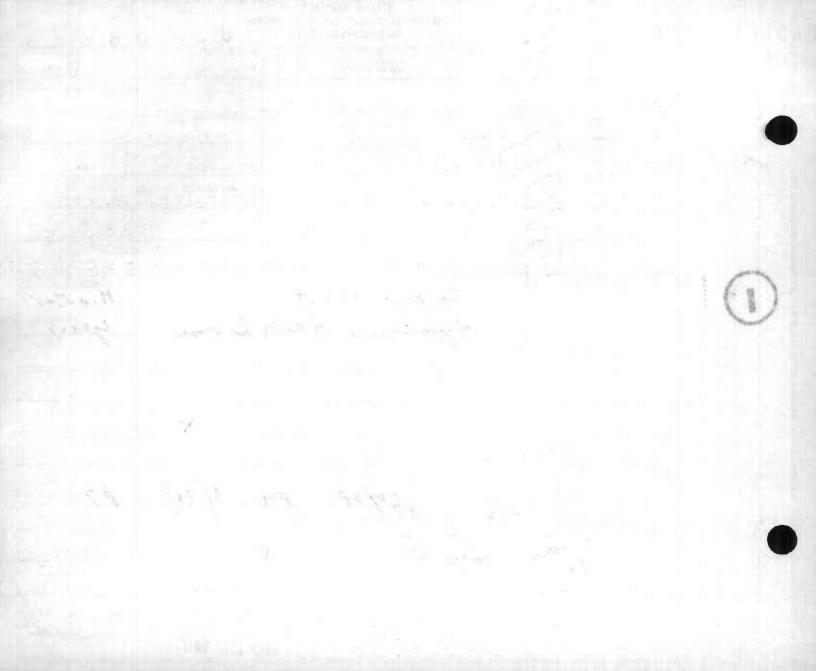
Jester, J. me, t.c., H.L. J. T., Vierr bill Kon', Sherkon, Suryland Degrations & Table 1, 1 J. Makingar N. m. Greenkors, Glerrantin, Virginia LSV-1 June 1911 House Degrates St. Co. Upshington, U.C.

Tel, I derid

| | 1 | | | STATE OF MARYLAND | | |
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| | 1 - | FOR STATE REGISTRAR | | CERTIFICATE OF DEAT | TH B REG. NO. | 08657 |
| 9 Dolo IPP. | | PRINTI OLLAN | MIDDLE | LAST | 20. DATE OF DEATH M | |
| \$ 60 B | - 0 | CHARL | | HANKIN | | 4, 1987 12:40P _M |
| ge 4 mo ector. p | 3. SE | EMALE | WHITE | NOVEMBER 4,1 | | MONTHS DAYS HOURS MIN. |
| neral din nn 72 hau | | RTHPLACE (STATE OR FOREIGN | U. S. A. | MARRIED NEVER MARR | 1 14/14/1 (1/14/1 | RY COUNTY MD |
| Softer of with iled with | 1 | TY OR TOWN OF DEATH | | NURSING HOME OR OTHER INSTITUTE FREE ASSESS & NURSING | | WORKING LIFE) WORKING LIFE) WORKING LIFE) WORKING LIFE) |
| 24 havr | | | | E BEFORE ADMISSION) POWNASE 138. INSIDE CITY LI YES NO | IMITS? 136.STREET ADDRESS | ZES MILL ROAD 20815 |
| 13 | | THER'S NAME ANDEERST | MIDDLE GUZI | IS MOTHER'S MA | IDEN NAME | LAST |
| | 16a V | VAS DECEASED EVER IN U.S. A | | L SECURITY NO. 17. INFORMANT 44-8258 ROSCOE | | AST 80th STREET ORK CITY, NEW YORK |
| quires that the deatl signed by the atten hen please remave a a burial, cremation, jury, or ather traum: | Z | Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost. PART 2 OTHER SIGNIFICANT | DUE TO, OR AS A CON (b) DUE TO, OR AS A CON (c) CONDITIONS CONTRIBUTION | mic brai | THE TERMINAL DISEASE OR COND | TION GIVEN IN PART TIO |
| nhas been permit. T permit. T ene prior i ws any in | CERTIFICATION | 190 DATE OF OPERATION | 196 CONDITION FOR | WHICH OPERATION WAS PERFORME | D 200 AUTOPSY? | 20b IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO NO |
| CIAN: Th physicic prificate al-transit and Hygie m 18 sho | | 21a. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING] CAUSE OF DI (IF EITHER, NOTIFY MEDICAL EXAMINI | HOUR A.M. MONT | H DAY YEAR | OCCURRED (ENTER NATURE OF INJURY | |
| G PHYSI otherding ter this ce s the burn and Meriked or Its | MEDICAL | 21d INJURY OCCURRED WHILE NOT WHILE AT WORK | 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, | 21f. LOCATION | CITY OR TOW | N COUNTY STATE |
| TTENDIN pital ar TOR: Aft for use a af Health | | 22a. I certify that (I) (this has | ottended the deceased | 60 00 | opinion death occurred on the dat | e and hour and from the causes stated |
| TAL OR A y the hos A RAL DIREC detoched detoched hort. If them | | 226. SIGNATURE ULL- | m w. 6 | PHYS | NDING MEDICAL STAFF | 221. DATE SIGNED Navl 248. |
| O HOSPITAL etained by it TO FUNERAL should be det with the State | | ALbam | W, Eq | er 1234 | -19 de stree | Washington, D. |
| BP | | urial, cremation, remova IRTAL | 3/27/1987 | MOUNT LEBANON CE | CITY OR LOWER | QUEENS NEW YORK |
| DHMH - 16 60M 7/84 (VRA 15, 4) | | | | AL FUNERAL HOME SHINGTON, D. C. | 250 WAR 2 7 987 | Julia Dender Radall |



DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR 1. DECEASED NAME 2g. DATE OF DEATH (TYPE OR PRINT) JUDITH HANTMAN 5:30p. M March 21, 1987 4 RACE AGE (IN YEARS LAST BIRTHDAY) 3. SEX 5. DATE OF BIRTH IF UNDER 1 YEAR MONTH White 3, 1911 Female March 7a. BIRTHPLACE (STATE OR FOREIGN Th. CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED New York U.S.A. WIDOWED NORCED Montgomery County IN CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 176 KIND OF BUSINESS TYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY 5225 Pooks Hill Road, #919-S Bethesda Homemaker Home (20014)1136 COUNTY 13c. CITY OR TOWN 113d INSIDE CITY LIMITS? 13e.STREET ADDRESS / ZIP CODE Maryland Montgamery 5225 Pooks Hill Rd., #919S Bethesda YES K 4. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE Decker Golda Samuel Goldenbaum ADD Maryland 20852 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO 17 INFORMANT (YES, NO OR UNKNOWN) Michael Hantman; Son; 19 Farm Haven Ct.; Rockvill NO 276-18-6719 APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY Conditions, if any, which gove rise to immediate cause (a), stating the CONSEQUENCE OF underlying cause last PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 100 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOL 71a ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 216 TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 21d INJURY OCCURRED 21f LOCATION 21e PLACE OF INJURY COUNTY AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN NOT WHILE 220.1 certify that (1) (this hospital) attended the deceased from saw the deceased alive an nd that in (my) (aur) apinian death accurred on the date and haur and from the causes stated abave, (1) (we) (did) (did not) view 226. SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL DIRECTOR PHYSICIAN 3/23/87 PHYSICIAN MPORTANT 22e ADDRESS 20815 ld b 5530 Wisconsin Avenue, #505; Chevy Chase, Md. JACK P. SEGAL, M.D. 23a. BURIAL, CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY Burial 3/24/87 King David Memorial Gdn., Falls Church; Fairfax; Va. 24 FUNERAL DIRECTOR DANZANSKY-GOLDBERG MEM. CHAPELS 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE DHMH - 16 60M 7/84 1170 Rockville Pike; Rockville, Md. 20852 (VRA 15, 4)



Devider - Kas

DHMH - 16 60M 7/B4

(VRA 15. 4)

Maryland Montgomery Garrett Park x 10000 montgoods State State State

John Cooper Elva Elva ...

148-18-8197 Bertha A. Walter (daughter) same as 13e

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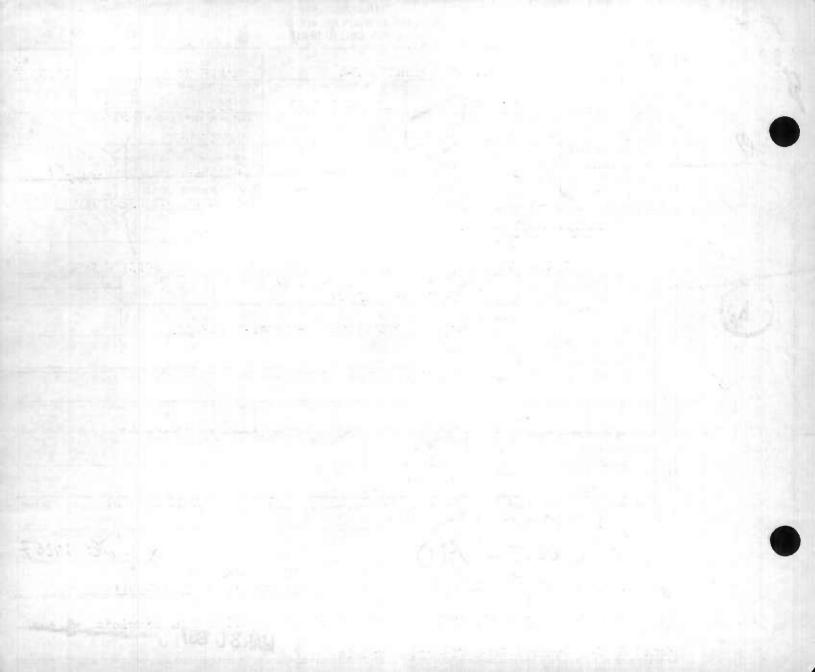
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| oy be age 3 death | | 00.00 | ENCE | 5 | 4. | HARE | REAVE | E5 | | 3 | 24 8 | 40 | : 20AM |
| Po Po | 3 SE | X | 4 | RACE | | S. DATE C | | | 6 AGE (IN YEARS LAST I | BIRTHDAY) | IF UNDER 1 Y | | DER 74 HRS |
| ge 4 | | Female | 530 | Whit | e | [™] F | ь. 23 | 1899 | 88 | YRS | MUNINS | NYS HOU | ×5 MIN. |
| nerol dir | | RTHPLACE (STATE OR FO | DREIGN 71 | USA **MARRIED NEVER MARRIED DIVORCED D | | | | | 9 BALTIMORE CITY OR COUNTY OF DEATH Montgomery | | | | |
| s ofter d by the fu filed with | 10 CITY OR TOWN OF DEATH Olney | | | | | SING HOME C REET ADDRESS) OVE 1 | | TITUTION | 128 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY INDUSTRY | | | | |
| filled in our state of the stat | 13a. S | Md. | G HOME OR O 13b COUNT MOT | Υ | 131. CITY OR TO | | 134 INSIDE C | NO 🗌 | 13e STREET ADDRESS | | Carried Control | 209 | 04 |
| MARYL. | 14. FA | Charles | MI | IDDLE | Biggi | .ns | | SMAIDEN NAM | NE MIDDLE | | Bari | t ^{AST} | |
| ot Spirit | - 0 | VAS DECEASED EVER I | | ED FORCES? | 166 SOCIAL SI | | 17. INFORMA | | | RESS | | 1 | 15:518 |
| 100000 | | N/A 18 CAUSE OF DEATH PART I. DEATH WA | | | 213 74 | | James | Hargre | aves (Son) | Samo | | E SENEMATE S | CHEROLO I |
| W. PRESTON ST., not the death certifus by the attending place carbon, cremation, or remained other traumatic even | | | which | DUE TO, C | 20 | DUENCE OF | tulon | NX C | A. W. | reng | 7 | Jen Jen | - Da |
| PRDS, 201 requires the signed Then plec | NOI | PART 2 OTHER SIGN | 1. | MS - | STRIBUTING TO | TO DEATH BUT | NOT RELATED | TO THE TERMI | NAL DISEASE OR CO | | | | |
| AI RECC | CERTIFICATION | 190 DATE OF OPERAT | C NO | 196 COND | DITION FOR WH | ICH OPERATIO | N WAS PERFO | DRMED | YES NO | | YES, WERE FIN RTIFYING CAU YES [] | ISES OF D | |
| DIVISION OF VITAL RECORDS NG PHYSICIAN The law requi offending physician. Wher this certificate has been signs the burial-transit permit. Thei th and Mental Hygiene prior to it hand Mental Hygiene prior to the orked on them it shows any injury | | 210. ACCIDENT WAS UNDE OR CONTRIBUTING CA (IF EITHER NOTIFY MEDIC. | AUSE OF DEATH | | OF INJURY M. MONTH M. | DAY YEAR | 21c HOW IN | NJURY OCCURRE | ED (ENTER NATURE OF IN | JURY IN ITEM | IB PART I OR PART | [2) | |
| IVISION G PHYS offendin ter this of sthe buy sthe buy ked of | MEDICAL | 21d INJURY OCCURR WHILE NOT WHILE AT WORK AT WORK | E ~ | | OF INJURY FREET, FACTORY, OFFI | CE FARM, ETC.) | 211 LOCATE | | CITY OR | TOWN | COUNTY | 7 | STATE |
| TTENDIN priof or TTOR Afforts for use of Health | | 220.1 certify that (I) (saw the decease above, (I) (was) (di | 1 1 | 3/1 | 3 | (14.1 | nd that in (my) | 19 19 opinian di | e to 2 | dote and l | hour and from | the cause | 11 (we) last |
| TAL OR A y the hos RAL DIREC detoched fore Dept. VT. If Nem | | 22b. SIGNATURE | 19 | RA | V | man |) | - | MEDICAL ST | AFF | 321. D. | A E SIGN | 87 |
| TO HOSPITA reformed by TO FUNERAl should be de with the Stort | | 220 PHYSICIAN'S NA | ME (TYPE OR | PRINT | NB | | 18 [1] | PrPI | hitip | e. () | Lucy | M | 5%3 |
| BP | | BURIAL, CREMATION, F | REMOVAL | 3/28/8 | | Valley | | | King of | Pru | ssia.Pe | enp. | STATE |
| | | | 11. 11. | | | | | | REC'D BY RECIPIES | | 4 4 | and the same of | |
| DHMH - 16 60M 7/84 | | Hines/Rina | Idi 1. | T800 Ne | ew Hamp | Ave.S.S | o.Md. | MAR | 26 1987 | - Come | THE PARTY OF | Mark | 3 |

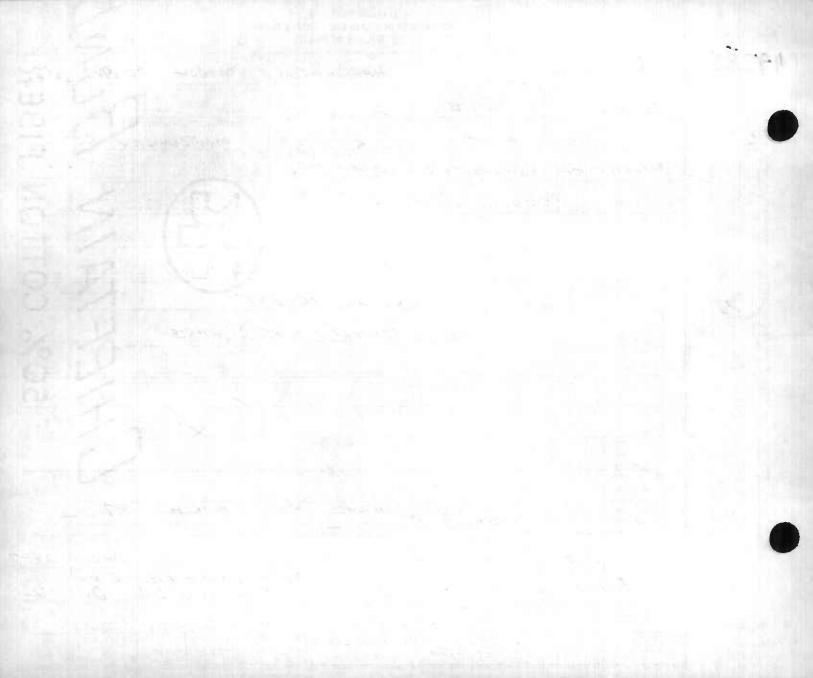


| | - 1 | | | STATE | OF MARYLAND | | | |
|---|-----|---|--|---|--|--------------------------------|--|---|
| | | T - STATE REGISTRAR | DEF | | CATE OF DEATH | GIENE REG. N | 086 | 6 1 |
| 49253, API | ? | DECEASED NAME FIRST | WIDDIE | | 51 | 20. DATE OF DEATH | | 26 HOUR |
| noy be | | EDITH | BAKER | HARL | IN | March 28, | 1987 | 11:45P |
| ge 4 mo ector. po | | Female Female | 4 RACE White | 5. DATE O | DAY YEAR | 6. AGE (IN YEARS LAST BIR | THDAY) IF UNDER 1 YEAR MONTHS DAYS YRS. | |
| in 72 hours | 3 | BIRTHPLACE (STATE OR FOREIGN COUNTRY) | U. S. A. | MARRIEI WIDOWE | NEVER MARRIED DIVORCED | 9 BALTIMORE CITY O Montgor | R COUNTY OF DEATH | MD. |
| 3/19 | 0 | Chevy Chase | Bethesda Ret | URSING HOME O STREET ADDRESS L'rement (| enter | 12g USUAL OCCUPATION Secretary | | of BUSINESS OR 1 Service |
| 24 hours | 5 | ISO STATE MD MON | PROTHER INSTITUTION, GIVE RESIDENCE JUST CHEY | TOWN Chase | 134. INSIDE CITY LIMITS? | 8700 Jones | MISPE Road | 0815 |
| | 50 | 4. FATHER'S NAME Charles | MIDDLE LAS | aker | 15. MOTHER'S MAIDEN NA Abigail | AME | Por | asi cter |
| IMORE, | 1 | | RMED FORCES? 166 SOCIAL 100 SOCIA | SECURITY NO. | 17 INFORMANT Stephen D. H | arlan 1818 | Wash Kalorama Sq | o, DC |
| ORDS, 201 W, PRES requires that the de- ten signed by the ont of Device semisir of the pariotic semisir | | Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause last. PART 2 OVER SIGNIFICANT | DUE TO, OR AS A CONS | G TO DEATH BUT | we. | | | |
| Al REC | 2 | 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING | 19b. CONDITION FOR W | HICH OPERATION | | YES NO | 20b. IF YES, WERE FIND IN CERTIFYING CAUSE YES | INGS USED S OF DEATH? NO |
| SION OF VIII PHYSICIAN and the certificat the buried from the Marmel Hys d or Nemy 8 s | 7 | OR CONTRIBUTING CAUSE OF D [IF EITHER, NOTIFY MEDICAL EXAMIN 21d. INJURY OCCURRED | HOUR A.M. MONTH | 19 | 21f LOCATION STREET | RRED (ENTER NATURE OF INJUI | | STATE |
| DIVI ATTENDENG lospital as an ECTOR. After ed for visit as it an all Health as an 21 is marke | | 22a I certify that (I) (this has | atlanded the deceased f | OH | that in (my) (and opinion | to 3/2 | | , that (I) (we) last e causes stated |
| HOSPITAL OR bined by the 1 DENERAL DIR ould be deficient th the State Der PORTANT, If the | 7 | THE PHYSICIAN'S NAME ITTE | FITZGERALD W. | D. | ATTENDING PHYSICIAN 3 220 ADDRESS 8218 Wisc. A | MEDICAL STAR DIRECTOR PHYSIC | 3/29 | 9/87 |
| ₽₹ 24% ¥ BP | | 30. BURIAZ, CREMATION, REMOVA | 14/2/87 | 23c NAME OF CE | METERY OR CREMATORY n Park Cem. | 23d LOCATION | Flordiacounty | STATE |
| DHMH - 16 60M 7/ (VRA 15, 4) | 84 | FUNERAL DIRECTOR OS • G | awler's Sons I AVE NW Wash. | nc. DC 20016 | 25a. DA | PR - 2 1987 | 256 REGISTRAR'S SIGNA | TURE Randage |

OE . W. S. OE . CO. Mer remore There Laure cotto ~ . Haring the Biol Harris . House . it states for angular ever could been in the control where it nifered front on Stars grantforce " Intent .022 End Hill 190 Sign wise. Myz pr man, by goons ... As No School of a long

| | 1 | - STATE REGISTRAR | | DEPARTN | | IEALTH AND MENTAL HYG ICATE OF DEATH | IENE R | 0.8 | 0 0 | 2 . | | |
|--|---------------|---|-------------------------|---------------------------|-----------------------|---|---|--------------------|-------------|-------------------|--|--|
| 10002 100 | (1. DI | EGEASED NAME FIRST | | MIDDLE | | AST | REG. N | | YEAR | 2h. HOUR | | |
| CO OST WIK. | (1) | GOR PRINT) | ARVEV MT | TCHELL HA | משמם | TD | | | | A A | | |
| A rough | 3. SI | | ARVET MIL. | ICHELL HA | 5 DATE O | | MARCH 26 | | DER I YEAR | 11:36 M | | |
| office, and | | MALE | CAUCAS | TAN | MONTH | DAY YEAR | | MONTE | | HOURS MIN. | | |
| - F 43 | | SIRTHPLACE (STATE OR FOREIGN | | | AUG | UST 7 1927 | 59 | YRS. | | | | |
| # 35 19 9 | / | COUNTRY) | | WHAT COUNTRY? | MARRIED NEVER MARRIED | | 9. BALTIMORE CITY C | | | | | |
| 1941 | - 100 | ICHIGAN | | STATES | WIDOWE | | MONTGOME | | | MD. | | |
| 1111/ | 7 | | (IF NOT IN SUC | H FACILITY, GIVE STREET A | DDRESS) | OR OTHER INSTITUTION | 120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY | | | | | |
| 100 1 | | BETHESDA | | NAVAL H | | AL | RETIRED | | U.S.M | I.C. | | |
| 2 | 13a. | JAL RESIDENCE (IF NURSING HOME OF STATE 136 COL | | 13c. CITY OR TOWN | | 13d INSIDE CITY LIMITS? | 13e.STREET ADDRESS | ZIP CODE | 10 | JACKS. | | |
| AN C TO SE | _ | | AIRFAX | VIENNA | | YES NO 🔀 | 1952 CREEK | | IG ROA | D 22180 | | |
| H 1 10 10/1 | 123 | ATHER'S NAME FIRST | MIDDLE | LAST | | 15 MOTHER'S MAIDEN NAM | ME | | LAST | | | |
| W 1 10 /1 | 4 | HARVEY N | IITCHELL | HARPER | | 1 | CE CONSOR | | CASI | | | |
| Se S | | WAS DECEASED EVER IN U.S. A | RMED FORCES? | 166 SOCIAL SECUI | RITY NO. | 17 INFORMANT | ADDRE | SS | | | | |
| BALTIMORE, MARYLAND 2 one be executed - thin 24 in facion entil completely tilled spers. Pages I and 2 Mould be nel. II. the medical examples must | | | -1972 | 223-38- | 2617 | NANCY HARPER | .1952 CREEK | CROSSIN | G ROA | D. | | |
| BALL open | | 18 CAUSE OF DEATH (Enter of | nly one cause per | line far (a), (b), and | (c).) | VIENNA, VA | | | | NATE INTERVAL | | |
| /4 5423 | | PART I. DEATH WAS CAUS | ED BY: (TE CAUSE (0) | RESPIRATO | DRY A | | | | | | | |
| NO. | | | | R AS A CONSEQUE | NICE OF | | | | | | | |
| DIS STATE OF THE PARTY OF THE P | | Conditions, if ony, which | (b) | CHRONIC | OBST | RUCTIVE PULMO | NARY DISEAS | E | | | | |
| PR the | | gave rise to immediate cause (a), stating the | DUETO | R AS A CONSEQUE | | | | | | | | |
| by by cree | | underlying cause last. | (5) | R AS A CONSEQUE | NCE OF | | | - W | | | | |
| n ple | | PART 2. OTHER SIGNIFICANT | CONDITIONS CO | ONTRIBUTING TO D | EATH BUT | NOT RELATED TO THE TERM | INAL DISEASE OR CON | DITION GIVEN IN | V PART 1:0: | | | |
| DIVISION OF VITAL RECORDS, 201 W. PRESTON ST NG PHYSICIAN: The low requires that the collections with service by the state of the collections of the burd-transit permit. Then please remember the and Mental Hygiene prior to buriol, cremating arked or them 1867hows only injury, or other traumatic. | CERTIFICATION | | | (a) | | | | | | | | |
| ECO De | 78 | 190 DATE OF OPERATION | 196 COND | ITION FOR WHICH | OPERATIO | N WAS PERFORMED | 20a AUTOPSY? | 20h. IF YES, WE | RE FINDING | GS USED | | |
| A hos | E | Line Williams | | | | | YES NO T | IN CERTIFYING | CAUSES C | OF DEATH? | | |
| VIII. T | E E | 210 ACCIDENT WAS UNDERLYING | | FINJURY M. MONTH DA | V VEAD | 21c. HOW INJURY OCCURR | | | DR PART 2) | | | |
| P B P P P P P P P P P P P P P P P P P P | ¥ | OR CONTRIBUTING CAUSE OF DE | Allo | | 1 1EAR | | | | | | | |
| HYS nding his o | MEDICAL | 21d. INJURY OCCURRED | 21e. PLACE | OF INJURY | | 211 LOCATION | CITY OR TO | | OUNTY | | | |
| IVIS offer the sthed | E | WHILE NOT WHILE AT WORK | (AT HOME STR | REET, FACTORY, OFFICE, FA | RM ETC } | STREET | CITY OR TO | WN | OUNTY | STATE | | |
| Or Or Se o eolst | | 220.1 certify that (1) (this hosp | oital) attended th | e deceased from | MAR | CH 23 19 87 | MARC | H 26 19 8 | 7 | not (I) (we) lost | | |
| pitol pitol for u | | the deceased alive a | | 1 26 1987 | 7, an | d that in (my) (our) apinion o | leath accurred an the do | ate and haur and | from the co | auses stated | | |
| RE A hose hed hed tem | | 22h 5H014 MRE | view the bady | offer death. | | DEGREE | | | 22c DATE SI | | | |
| The Deroce and Control of the Deroce and Con | | 101 10 | 107- | MI | | ATTENDING | MEDICAL STAI | F | 26 1 | M 97 | | |
| 5 9 5 3 3 7 | | 22d. PHYSICIAN'S NAME (TYPE | OR PRINT) | 100 | - | 17a ADDRESS | DIRECTOR PHYSIC | IAN | | 1100 | | |
| TO HOS | | T A DOUGTN | IT MO | LICND | | | L HOSPITAL | | | | | |
| 5 5 5 4 3 34- | 230 | T. A. DOWGIN | | | AME OF C | BETHI EMETERY OR CREMATORY | ESDA, MD 20 | 814-5011 | | | | |
| 0000000 | 130 | (SPECIEY) | | | | | CITY OF TOWN | 100 | NIY | STATE | | |
| 447777 | 74 F | Burial UNERAL DIRECTOR | mar 30. | , 198/ Ar | Lingt | on National C | Arlington | Viroin | ia y | 2 2022 | | |
| DHMH - 16 60M 7/84 | | NAME | 7 77 | ADDRESS | | 730 DAT | AR 3°0° 1987 | ZSB, KELIJAJ RAUNG | NUTAWNERES | RE . | | |
| (VRA 15. 4) | MO | ney & King Fune | ral Home | Vienna, | Virg | inia | *** | | | | | |





Manager 18 Earlie and a ENGLISHED AND THANK BUILDING

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO . DECEASED NAME 20. DATE OF DEATH MONTH 2b HOUR (TYPE OR PRINT) Marian March 1,1987 12:15P Harris 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) 4 RACE IF UNDER 1 YEAR IF UNDER 24 HRS 3. SEX Aug. 19, 1901 YEAR **Black** Female 85 BALTIMORE CITY OR COUNTY OF DEATH TA BIRTHPLACE ISTATE OF FOREIGN THE CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED VIRGINIA USA Montgomery WIDOWED DIVORCED [11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION IN CITY OR TOWN OF DEATH 120 USUAL OCCUPATION 126 KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY GIVE STREET ADDRESS)

Sylvan Manor Health Care Center (THOUSEWIFE OF WORKING LIFE) INDUSTRY Silver Spring BALTIMORE, MARYLAND 212 USUAL RESIDENCE (IF NURSING NOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 196 COUNTY 13d INSIDE CITY LIMITS? 130 STREET ADDRESS HFORD LANE VIRGINIA ALEXANDRIA YES T NO 4. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MARY WILLIAMS LAST ELLEN FRANK ADDRESS 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17. INFORMANT (YES NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 578-74-5982 REYMOND HARRIS 125 RANDOLPH RD. SILVER SPR. MD APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for), 1b) and (c1.) PART I. DEATH WAS CAUSED BY: ho DIVISION OF VITAL RECORDS, 301 W. PRESTON ST. IMMEDIATE CAUSE (0) RELIEVELENTE CARLOVINULA Disar Conditions, if ony, which gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 160 CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20h. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO YES [] NO I Hygi 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 21a ACCIDENT WAS UNDERLYING 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH Mental (IF EITHER, NOTIFY MEDICAL EXAMINER! P.M 214 INJURY OCCURRED 21¢ PLACE OF INJURY 211. LOCATION CITY OR TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE AT WORK 220.1 certify that (I) (this haspital) arended the decreased alive an sow the deceased alive on above, (I) (we) (did (did not) vie (my) our) opinion death occurred on the date and hour and from the causes stated DEGREE 22c DATE SIGNED 22b. SIGNATURE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN FUNERAL MPORTANT 22e ADDRESS HOREFIELD should be with the 23a. BURIAL, CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION 236 DATE STATE CITY OF TOWN COUNTY BURIAL SNOWDEN CEMETERY 6MAR87 FAIRFAX CO GREENE FURERAL HOME, INC. HMH-16 60M 1/73 ADDRESS 1814 FRANKLIN STREET (VR A 15 (4)) ALEXANDRIA, VIRGINIA 22314

TOP COME

| 49555 APR- | 1- | FOR STATE REGISTRAR | DEPART | MENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH | BIENE REG. N | 086 | 6 6 |
|--|---------------|--|---|---|--|--|---------------------------------------|
| TOOC MIN , | | CEASED NAME FIRST | WIDDIE | LAST | 20. DATE OF DEATH | MONTH DAY YEAR | 26 HOUR |
| noy be poge 3 rr deoth | (TYPE | Katheri Katheri | ne R. | Hawk | March 31 | , 1987 | 4:30A M |
| mo de de | 3. SE | | 4 RACE | 5. DATE OF BIRTH MONTH DAY YEAR | 6. AGE (IN YEARS LAST BI | RTHDAY] IF UNDER 1 YE. | |
| ge 4 | _ | Female | Caucasian | Jan. 2, 1935 | 52 | YRS | S MIN. |
| 8 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | 7a. Bl | RTHPLACE (STATE OR FOREIGN) | 76. CITIZEN OF WHAT COUNTRY? | MARRIED NEVER MARRIED | 9. BALTIMORE CITY | OR COUNTY OF DEATH | |
| # 22 22 | | aryland | United States | WIDOWED DIVORCED X | Montgome | ery County | MD. |
| | | ithersburg | 11. NAME OF HOSPITAL NURSIN | ADDRESS) Anch Road #202 | 120. USUAL OCCUPAT (TYPE OF WORK FOR MOST O HOMEMAKE | ON 12b. KIND INDUSTR | OF BUSINESS OR Y Home |
| MARYLAND 212D | Ma | ryland Mont | OTHER INSTITUTION, CIVE RESIDENCE BEFOR TY 13. CITY OR TOW Gomery Gaither Gomery Gaither | | 13e.STREET ADDRESS 425 Muddy ME MIDDLE | / ZIP CODE / Branch R | |
| . 0 - | | VAS DECEASED EVER IN U.S. ARA | MED FORCES? 166. SOCIAL SECU | JRITY NO. 17. INFORMANT | ADDR | ESS | |
| BALTIMORE. | . (| NO (III AE2' CIAE | | -0460 Arthur B. | Stone, sa | ame as #13 | |
| 1) W. PRESTON ST., that the death certific d by the attending ph ease remove carbon pr ol, cremation, or remo or other troumotic even | | PART I. DEATH WAS CAUSED IMMEDIATE Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse last. | 1. 1 1 - 1- | Respiratory Feet ENCE OF to tre Cancer ENCE OF | cer | BETWE | OXMATE INTERVAL IN ONSET AND DEATH |
| RECORDS, 21 low requires ss been signer ermit. Then pl e prior to burn ss ony injury, 6 | NOI | PART 2 OTHER SIGNIFICANT C | onditions <u>contributing to</u> | DEATH BUT NOT RELATED TO THE TERM | INAL DISEASE OR CON | IDITION GIVEN IN PART | 110 |
| AL RECC | CERTIFICATION | 190 DATE OF OPERATION | 196 CONDITION FOR WHICH | OPERATION WAS PERFORMED | 200 AUTOPSY? | 20b. IF YES, WERE FINE IN CERTIFYING CAUS YES [] | DINGS USED ES OF DEATH? NO |
| DIVISION OF VITAL NG PHYSICIAN: The ottending physicion wifer this certificate has serviced throns in the hand Mental Hygien orked or Item 38 show | | 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT (IF EITHER NOTIFY MEDICAL EXAMINER) | HOUR A.M. MONTH D | 19 | RED (ENTER NATURE OF INJU | JRY IN ITEM 18 PART I OR PART 2 |) |
| DIVISION Or Offer this of offer this e os the bu | MEDICAL | 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK | 21e PLACE OF INJURY (AT HOME STREET FACTORY, OFFICE, I | FARM ETC.) 211 LOCATION STREET | CITY OR TO | OWN COUNTY | STATE |
| ATTENDI or spital or CTOR: A for use of Heal | | 22a.1 certify that (1) (this haspite saw the deceased alive an above, (1) (we) (did) (did not | 3. 24 19 | 79. ond that in (my) (our) opinion (| to 3. 3/ death accurred on the d | ate and hour and from th | |
| hital OR A by the had by the had been been been been been considered by the control of the contr | | 226 SIGNATURE | Keep | DEGREE ATTENDING PHYSICIAN TO 1226 ADDRESS | MEDICAL STA | | 31 F7 |
| TO HOSPITAL retoined by the TO FUNERAL should be det with the Stote IMPORTANT: | 22 - | Joh- | n E. Kell | 4 9715 M | edical (| enter Di | n Ruckville |
| BP | (| SPECIBURIAL SPECIBURIAL | 3, 198/ & | Memory Gardens | Staunto | | |
| DHMH - 16 60M 7/B4 (VRA 15, 4) | Re 3 | ockville, Inc. 00 West Montg | A.Pumphrey Somery Ave. Roc | uneral Home APR | | 25b. REGISTRAR'S SIGN. | |

STATE OF MARYLAND



| | | | | STATE | OF MARYLAND | | | |
|--|---------------|---|--------------------------------|--|--------------------------|-----------------------------|--------------------|---|
| 5'00 | 1. | FOR STATE | DEF | | ALTH AND MENTAL H | YGIENE | 0 8 | 0 6 7 |
| 0 6 9 AFR | -7 |) ŘEGISTRAR | | CERTIFIC | CATE OF DEATH | REG. N | D | |
| | | CEASED NAME FIRST OR PRINT) | MIDDLE | LAS | ī | 20. DATE OF DEATH | MONTH DAY | YEAR 26 HOUR |
| page 3 | | Stephen | 7 - | 14011 | muth S | R | 3-31 | 1-87 8 PM |
| o p | 3. SE. | | ACE | - 5. DATE OF | | 6. AGE (IN YEARS LAST BIR | HDAY) IF U | NDER 1 YEAR IF UNDER 24 HRS |
| of the last | 9 | M | auchtea | u MONTH | 4 14 | 12 | YRS. | |
| 10 A | A. BI | RTHPLACE (STATE OF FOREIGN 76. C | TITIZEN OF WHAT COUN | MARRIED | NEVER MARRIED ! | 9 BALTIMORE CITY O | R COUNTY OF | DEATH . |
| Not to | 16 C | TY OR TOWN OF DEATH 11. | NAME OF HOSPITAL N | URSING HOME OR | OTHER INSTITUTION | 170. USUAL OCCUPAT | | 2b. KIND OF BUSINESS OR |
| 語為X | 0 | | (IF NOT IN SUCH FACILITY, GIVE | MIRES DADDRESSI | MOSPILL | (TYPE OF WORK FOR /- | CORKING LIFE) | NOTISTON |
| 53000 | 2 | AL RESIDENCE (IF NURSING HOME OR OTHER | RINSTITUTION, GIVE RESIDENCE | BEFORE ADMISSION) | HOMA | Electrica | an. | Local #26 |
| 1185 | 3a. 3 | STATE IST COUNTY | NT Silve | Corina | 34. INSIDE CITY LIMITS | 130 STREET ADDRESS | PANKI | SW All |
| 2 100 2 | 19.50 | THER'S NAME | | | S. MOTHER'S MAIDEN | | | The Property of |
| | 01 | Robert J. | . Hi | ellmuth | Catherin | le middir | | Langley |
| 10/2 | 16a \ | VAS DECEASED EVER IN U.S. ARMED | | | 7 INFORMANT | | 59 3574 | Adrian Ct. |
| 1 1 | . (| YES, NO OR UNKNOWN (IF YES, GIVE WAR | ORDATES) 522 | 18-245 | son | | | |
| 5 1 | | | And A | | Stephen J. | Hellmuth, Ir. | Nooabra | APPROXIMATE INTERVAL |
| an poor | | 18 CAUSE OF DEATH (Enter only on PART I. DEATH WAS CAUSED BY IMMEDIATE CA | | le Resp | water | Arrest | | APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH |
| orbo or r or r | | | DUE TO, OR AS A CON | SEQUENCE OF | 11 / - | 7.1 | | |
| nove carb lation, ar troumotic | | Conditions, if ony, which | | gestive | Heart - | tailure | | 1 year |
| emo mod | | gove rise to immediate cause (a), stating the | DUE TO, OR AS A CON | SECULENCE OF | | 11 1 - | | - |
| dther ather | | underlying cause lost. | Sev | | prohary | Heart Dis | ease | Years |
| burio y, or | | PART 2. OTHER SIGNIFICANT CONT | DITIONS CONTRIBUTIN | G TO DEATH BUT N | OT RELATED TO THE TE | RMINAL DISEASE OR CON | DITION GIVEN | IN PART IIO |
| The | O | Diabetes | Melitus | | | | | |
| Long y L | CERTIFICATION | | 196. CONDITION FOR W | VHICH OPERATION | WAS PERFORMED | 200 AUTOPSY? | 20b. IF YES, W | ERE FINDINGS USED |
| 9 9 8 | Ē | | | | | YES NOW | YES [| G CAUSES OF DEATH? |
| 1 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 | W | | 216. TIME OF INJURY | | 21c HOW INJURY OCC | URRED (ENTER NATURE OF INJU | RY IN ITEM 18 PART | OR PART 2) |
| 0 0 | ¥ | OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | HOUR A.M. MONTH | H DAY YEAR | | | | |
| Wen | MEDICAL | | 21e. PLACE OF INJURY | | 211 LOCATION | | CHE 1. TO. | |
| and Me | ¥ | WHITE NOT WHILE | (AT HOME, STREET, FACTORY, C | OFFICE, FARM, ETC.) | STREET | CITY OR TO | WN | COUNTY STATE |
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| Dep F He | | 22h. SIGNATURE | 2 0 | / 0 | ATTENDING | MEDICAL STA | | 224. DATE SIGNED |
| deto ote | | Heman V |) | at M | PHYSICIAN | DIRECTOR PHYSIC | IAN | 4/1/87 |
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| should be deto with the State [IMPORTANT: H | | Hermon B. So | gal MD | | Silver | Spring Me | VIV air | 120902 |
| £ 3 ₹ / | 23a | BURIAL, CREMATION, REMOVAL 23 | DATE | 23c NAME OF CE | METERY OR CREMATOR | Y 23d LOCATION | 1 | |
| | | SPEC IEY) | pr. 3.1987 | Gate of | Heaven Com | etery Silver | Sprina | Montgomeria M. |
| | 24 F | | J. Collins | | | DATE REC'D. BY REGISTRAR | | |
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| /RA 15, 4) | 150 | A UNIVERSITY BLUC | WOLT SIL | UDA SDALL | 10. Ma. | 1 KPF 0 148/ | Sales Al | rathan Vandalle |

STATE OF MARYLAND

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Fort Lincoln

DHMH - 16 60M 7/B4 (VRA 15, 4)

Burial

⁷⁴ FUNERAL DIRECTOR Hamp. Ave.S.S.Md.

3/26/87

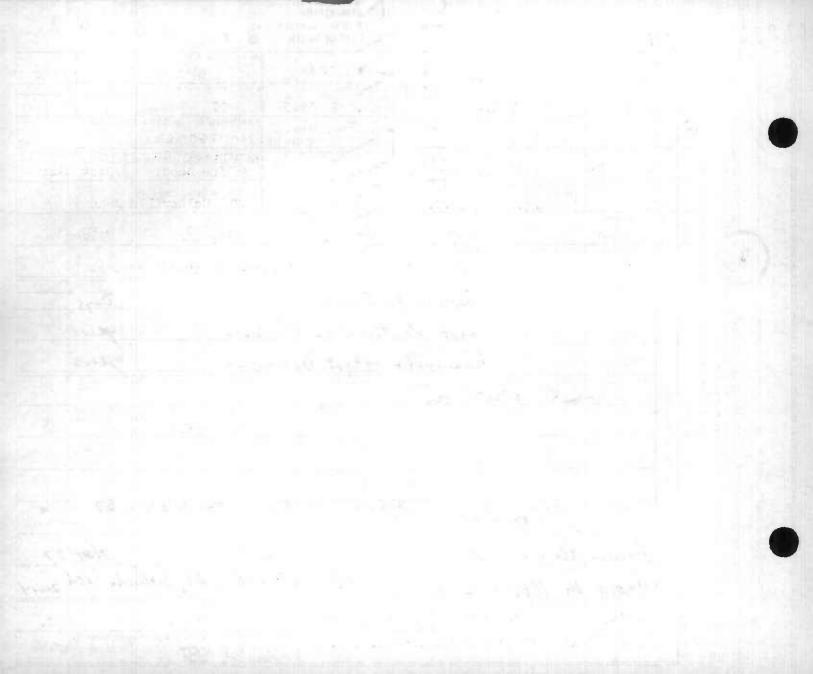
BY REGISTRAR 256 BEGISTRAR'S SIGNATURE

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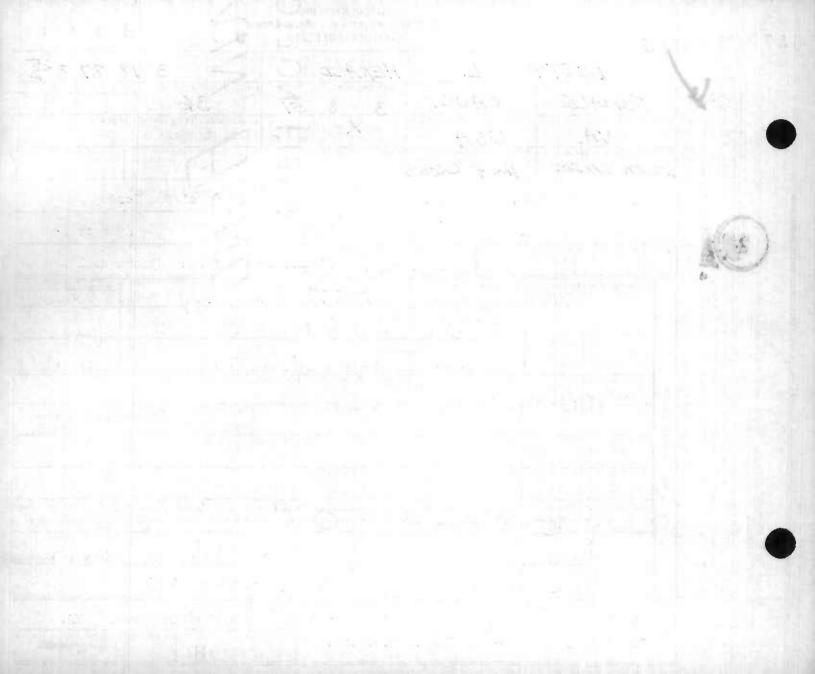


DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR . DECEASED NAME 20 DATE OF DEATH MONTH 2b. HOUR F. 00 LIVEE OR PRINTS March 4, 1987 Edward Eugene Henley 3 SEX 4. RACE 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER LYEAR IF UNDER 24 HRS MONTH Male White Oct. 5, 1916 To. BIRTHPLACE ISTATE OR FOREIGN Th CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Kansas U.S.A. Montgomery WIDOWED DIVORCED | 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION O CITY OR TOWN OF DEATH 120. USUAL OCCUPATION 12b. KIND OF BUSINESS OR Dept. of Navy Bethesda Suburban Hospital Computer Site Mgr USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 13e.STREET ADDRESS / ZIP CODE 1204 Broadwood Drive 20851 Montgomery Rockville 13d INSIDE CITY LIMITS? Maryland 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME Edward Effie Henley Unknown 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17. INFORMANT ADDRESS Annemarie Henley same as 13e 511-09-9375 APPROXIMATE INTERVAL BETWEEN ONSET AND DE 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c) PART I. DEATH WAS CAUSED BY: CARDIAC ARREST IMMEDIATE CAUSE (O. AS A CONSTRUCTOR ARY ARTERY DISEASE Conditions, if ony, which gove rise to immediate couse (a), stating DUE TO, OR AS A CONSEQUENCE OF underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART LID DIVISION OF VITAL RECORDS, DISPASE 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOT NO I 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 21d. INJURY OCCURRED 211 LOCATION 21e PLACE OF INJURY CITY OR TOWN COUNTY STATE AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE (It this hospital) attended the 22a. I certify that and that in (my) our) opinion death occurred on the date and hour and from the causes stated it) view the body ofter death DEGREE ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN 22d. PHY SICIAN'S NAME LITYPE OF PRINTS 11125 Rockville Pike Rockville, Md. 20852 Roger Stevenson, Jr. 13c. NAME OF CEMETERY OR CREMATORY
Mt. Comfort Crematory 230 BURIAL, CREMATION, REMOVAL 23b, DATE 23d. LOCATION (SPECTremation Alexandria, Virginia 3/6/87 24 FUNERAL DIRECTOR Tyson Wheeler Funeral Home, Inc. 250. DATE REC'D. BY REGISTRAR 25b REGISTRAR'S SIGNATURE DHMH - 16 60M 7/84 1331 Rockville Pike, Rockville, Md. 20852 window-Randell (VRA 15. 4)

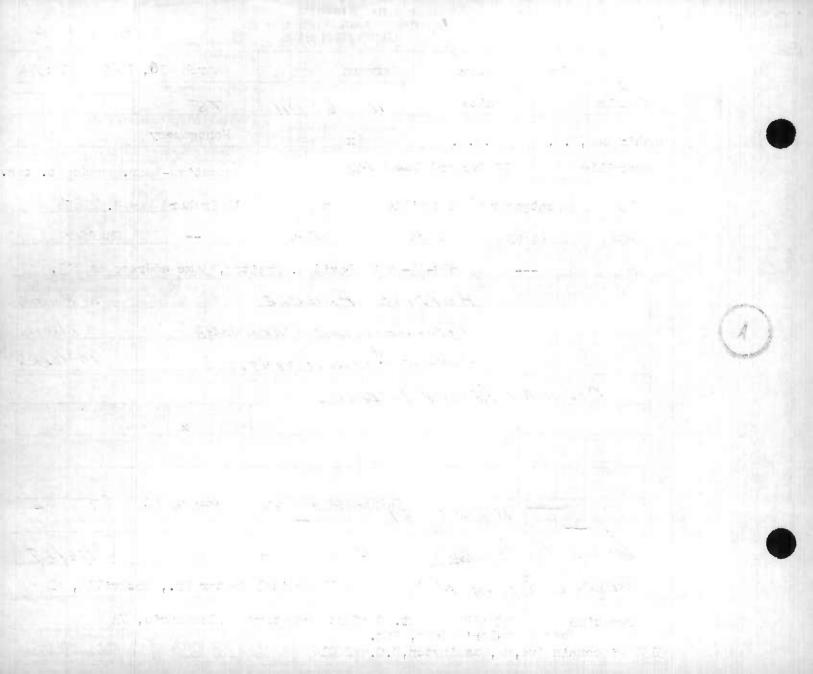
STATE OF MARYLAND

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| uires that tagged by the please on please or burnal, creatury, or other | z | PART 2 OTHER SIGN | | (10)_ | sinte | mi de | NOT RELATED | TQ)THE TERM | INAL DISEASE OR CON | DITION G | IVEN IN P | yea ARI IIa | <u>s</u> |
| DIVISION OF VITAL RECORDS, ING PHYSICIAN The low requir r attending physicion. Wher this certificate has been sig as the burial-tronsit permit. Then the and Mental Hygiene prior to b orked or them 18 strows ony injury | CERTIFICATION | 190 DATE OF OPERA | | 196 COND | | MAL HICH OPERATIO | | | 200 AUTOPSY? YES NO X | IN CERT | ES, WERE IFYING CA | AUSES OF | S USED F DEATH? NO |
| ON OF VITA HYSICIAN TI ding physicials of the control of the contr | MEDICAL CE | 210. ACCIDENT WAS UND OR CONTRIBUTING C (IF EITHER, NOTIFY MEDIC | AUSE OF DEATH | HOUR A | OF INJURY m. MONTH m. | DAY YEAR | 3.16 | | RED (ENTER NATURE OF INJUI | RY IN ITEM 18 | PART I ORP | ART 2) | |
| NG PHY offer this firer this so the bu th and M orked or | WED | 21d. INJURY OCCURR WHILE NOT WH AT WORK AT WOR | UE 🗆 | | OF INJURY TREET, FACTORY, OF | FICE FARM, ETC) | 211. LOCATIO STREET | N | CITY OR TO | wn | coui | VITY | STATE |
| ATTENDII spirol or CTOR. A for use of Heolin n 21 is mo | | 220 1 certify that (1) saw the decease abave (1), we) (d | d aliye on | 3/1 | 17 | 19 <u>87</u> , or | | , 19 <u>8</u> (aur) apinion o | death occurred an the do | ate and ho | | | |
| TAI OR y the ho RAI DIRE defoched tote Depi | | 226 SIGNATURE | arls | Roser | | M | DEGREE | TTENDING PHYSICIAN | MEDICAL STAF | F IAN [] | 3/ | PATE SIC | NED |
| TO HOSPITAL TO FUNERAL should be det with the Storie | | 228. PHYSICIAN'S NA | rk | Rose | | | 22e ADDRESS | ilver | Spring, 1 | NO | | | |
| BP | | SURIAL, CREMATION, I SPECIFY) Burial | | 23b. DATE 3/21/8 | 37 | Parklaw | m Cemet | | Rockvill | e Mo | ont. | Md | STATE |
| DHMH - 16 60M 7/B4 (VRA 15, 4) | 24 F | Hines/Rin | aldi 3 | 11800 N | lew Ham | Ave.S. | S.Md. | 250. DATI | E REC'D. BY REGISTRAR | 25b. REGIS | TRAR'S SI | GNATURE | poleta |



| 8 2 MAR 24 | 187 | FOR | | DEDART | | E OF MARYLAND IEALTH AND MENTAL H | IVCIENE | | 45 | 1 (1) |
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| C. 11111 E. 17 | 1 | - STATE REGISTRAR | | DEFARII | | ICATE OF DEATH | 8 / | . NO. | 8 5 | 1 4 |
| | | CEASED NAME FIRST | , | MIDDLE | | AST | 20 DATE OF DEATH | | DAY YEAR | 2b. HOUR |
| page 3 | (TYP | Hele | n Ma | rk | Herm | ann | March | 16, | 1987 | 12:37A |
| | 3. SE | Х | 4. RACE | | 5. DATE | | 6 AGE (IN YEARS LAS | BIRTHDAY} | IF UNDER I YEAR | |
| director. | | Female | Whit | ce | MONTH | 6 1911 | 75 | YRS | MONTHS DAYS | HOURS MIN. |
| 72 hou | 7a B | IRTHPLACE (STATE OR FOREIGN | 76 CITIZEN OF | WHAT COUNTRY? | 8. MARRIE | D NEVER MARRIED | 9 BALTIMORE CIT | Y OR COUN | | |
| 0 T | | shington, D.C. | U.S | | WIDOW | | Montgo | | | MD |
| (a) | | Rockville | 11. NAME OF H | HOSPITAL, NURSIN HEACILITY, GIVE STREET COLORD WA | NG HOME (ADDRESS) NOT | th | 120 USUAL OCCUP | ST OF WORKING | GLIFE) INDUSTRY | of Business or cast.Star |
| be file | USU | AL RESIDENCE (IF NURSING HOSTATE | 2 | | - | | | | | Caso. Sta |
| pho and | 130. | | | Rockvi. | | 13d. INSIDE CITY LIMITS | | | DDE Ry N./20 | 25/1 |
| 100 | 14. F. | ATHER'S NAME | ntgomery | ROCK VI. | rre | 15 MOTHER'S MAIDEN | | aru wa | 14 N./20 | 034 |
| 4 | | FIRST | MIDDLE T - D | LAST | | FIRST | WIDDI | | Shaff | AST |
| 0 / | 160. | John WAS DECEASED EVER IN U.S | LeRoy | Mark | IRITY NO | Helen 17 INFORMANT | AD | DRESS | Shall | er. |
| edico | | YES, NO OR UNKNOWN) (IF YE | S, GIVE WAR OR DATES) | | | | | | | //3 7 |
| E / | | No | | 579-22 | | David G. F | reitag, Sam | e addr | | |
| nt, 1 | | 18 CAUSE OF DEATH (Enti- | USED BY: | 11 | d (c).) | | | | BETWEEN | NONSET AND DEATH |
| eve | | | DIATE CAUSE (0) | HEPAT | 10 | FAILUR | 6 | | 3 | MONTHS |
| o , or | | District the said | DUE TO, OI | R AS A CONSEQUE | ENCE OF | 0 | | | | ,, |
| nout. | | Conditions, if any, which | | HEPATO | CELL | -ULAR CA | RCINOMA | | 3 | MONTHS |
| ther to | | gove rise to immediate cause (a), stating the underlying cause lost | DUE TO, OF | R AS A CONSEQUI | // | 11 | 2 | | 10 | YEARS |
| or o | | | (c) | CHRONIC | | | HT1713 | | | 777074 |
| o bur | z | PART 2 OTHER SIGNIFICA | 75 | | 7 | 4 | ERMINAL DISEASE OR C | ONDITION (| GIVEN IN PART 1 | 10 |
| - 0 X | CERTIFICATION | 190 DATE OF OPERATION | | TERY L | | N WAS PERFORMED | 20a AUTOPSY? | 201 15 1 | YES, WERE FIND | D 100 |
| S on | 5 | 178 DATE OF OFERATION | 198 CONDI | IIION FOR WHICH | OPERATIO | WAS PERFORMED | | IN CER | TIFYING CAUSE | S OF DEATH? |
| 802 | E | | | 5 15 1 11 10 17 | | 101 11011111111111111111111111111111111 | YES NO | | YES [| NO 🗌 |
| Нув | | 210. ACCIDENT WAS UNDERLYING | 110110 | | AY YEAR | THE HOW INJURY OCC | URRED (ENTER NATURE OF | NJURY IN ITEM I | 8 PART I OR PART 2) | |
| Mentol or Hem | S S | (IF EITHER NOTIFY MEDICAL EXA | MINER) P. | | 19 | | | | | |
| d or | MEDICAL | 21d. INJURY OCCURRED | (AT HOME STR | OF INJURY LEET, FACTORY, OFFICE, F | ARM, ETC.) | 211 LOCATION STREET | CITYO | RTOWN | COUNTY | STATE |
| rke | 1 | AT WORK NOT WHILE | | | | | , , , , | | | |
| E | | 22e. I certify that (1) (thic.) | ocpute() ottended the | e deceased from_ | 19601 | MBGR 30 19 8 | 6 to MARC | #16 | 19 6 7 | , that (I) (|
| 21. | | sow the deceased aliv | e on MARO | ofter depth | , 01 | nd that in (my) (***) opini | on death accurred on th | e date and h | ious and from the | e causes stated |
| ten. | | 226. SIGNATURE | 500 | | | DEGREE | | | ZZc. DATI | ESIGNED |
| te D | | Blove 1 | Solein | Thus | / | U. D. ATTENDING | MEDICAL S | TAFF | 3/ | 6/87 |
| A AN | | 224 PHYSICIAM NAME | YPE OR PRINT) | elegi | | 22e ADDRESS | DIRECTOR DIVIN | JICIAIT [| 1 // | 4/0/ |
| with the Ste | | GEORGE | BOLEN | 1 Mids | | 9711 Medic | al Center D | r., Ro | ckville | , MD |
| v 3 ≤ | 230 | BURIAL, CREMATION, REMO | VAL 236. DATE | 236 | NAME OF C | EMETERY OR CREMATOR | Y 23d LOCATION | | | |
| | | Cremation | 3/17/ | 87 M | t. Cor | nfort Cremat | ory Alexa | ndria | , VA | STATE |
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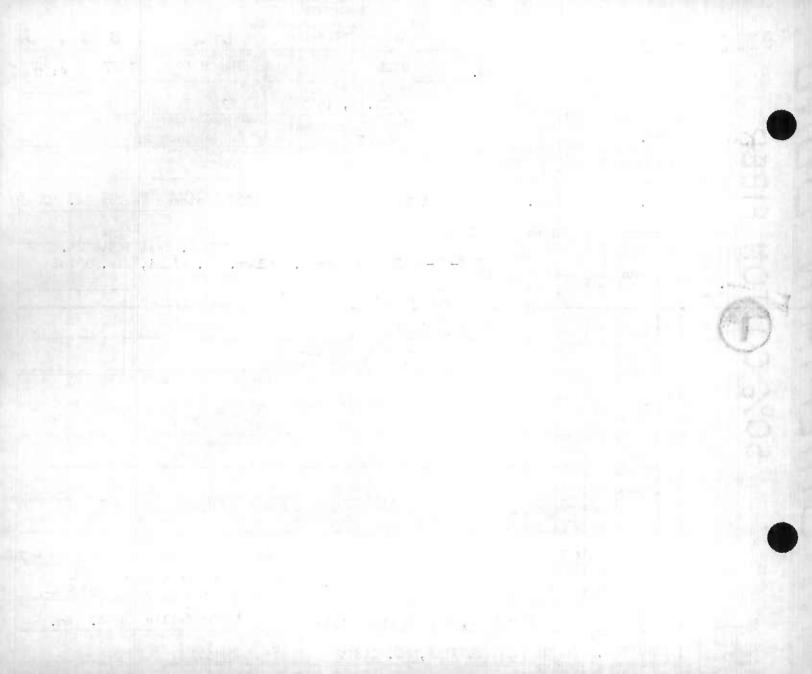


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| | | MARY | | HIGGINS | MARCH | 9, 1987 | 1. /PM |
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| 5, 4) | WW. CHAN | MBORS CO. INC | C. 8655 GEORGIA | ANE. SILVER SACING. MD. | MAD 1 7 1987 | Autra Davidor | m. Rudall |

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO I. DECEASED NAME 20. DATE OF DEATH MONTH 26 HOUR (TYPE OR PRINT) OODROW 3 SEX 4 RACE 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS. Ta. BIRTHPLACE BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED WIDOWED DIVORCED | INDUSTRYSINTOO 13a STATE 136 COUNTY 13e.STREET ADDRESS_/ ZIP CODE 4 FATHER'S NAME 15. MOTHER'S MAIDEN NAME FIRST | MIDDLE MIDDLE Higas +mma 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) NO APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Consette. Conditions, if ony, which gave rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse last. RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 206. IF YES, WERE FINDINGS USED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO YES [NO T 210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY THE HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 19 21d INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION (AT HOME STREET FACTORY, OFFICE, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE NOT WHILE 22a.1 certify that (1) (this hospital) attended the deceased from sow the deceased alive on_ and that in (my) (our) apinion death occurred on the date and hour and from the causes stated DEGREE ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN should be deto with the State I 22e ADDRESS INCOLN, MID 230 BURIAL, CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY 236 DATE (SPECIFY) COUNTY Metropolitan Cromatory Alexandria Chematian FUNERAL DIRECTOR Francis J. Collins, CORTA. 250, DATE REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE DHMH - 16 60M 7/84 (VRA 15, 4) University Blud. W. Silver Spring.



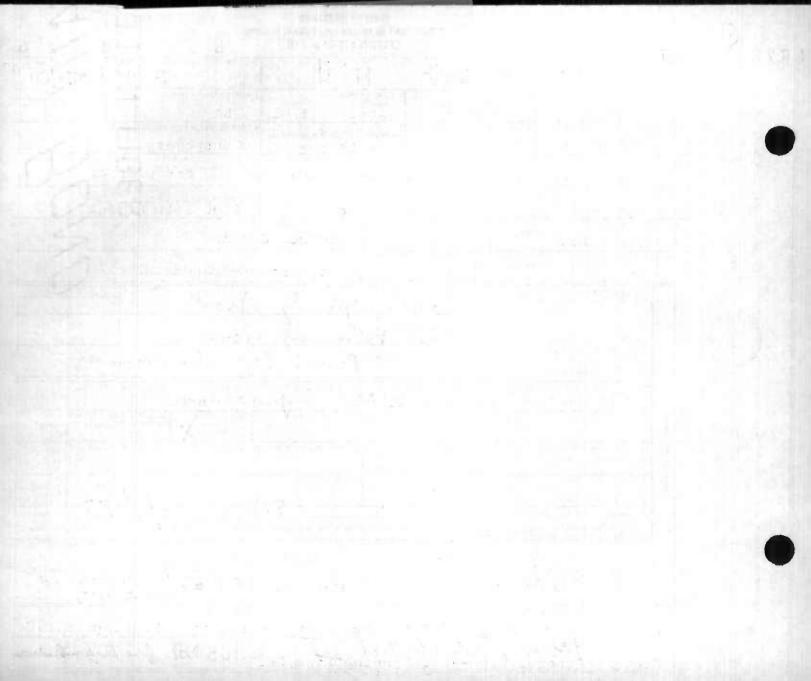


Home-4001 Benning Road, NE

Funeral

DHMH - 16 60M 7/B4

(VRA 15, 4)



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| 4/6 | 8 4 MAR 19 | UP | CEASED NAME FIRST | | MIDDLE | LAS | Ť | 20. DATE OF DEATH | MONTH DAY | YEAR 26 HOUR |
| | oy be | (17) | Roosevel | + | | Ne | 11 | | 3-16- | - × 7 M |
| | moy be poge er deot | 3. S | | 4 RACE | | 5. DATE OF | | 6. AGE (IN YEARS LAST BE | RTHDAY) IF UN | NDER I YEAR IF UNDER 24 HRS |
| | ctor s aft | | m | B | | MONTH | 111121 | 65 | YRS | HS DATS HOURS MIN. |
| | Page Hour | 70 E | IRTHPLACE (STATE OR FOREIGN | 76. CITIZEN OF | WHAT COUNTRY? | 8 | / / | 9 BALTIMORE CITY | | DEATH |
| | at 25 of |) 1 | North Carolin | a US. | Δ | WIDOWED | NEVER/MARRIED DIVORCED | Prince | coordo. | NI |
| | D Jag | | ITY OR TOWN OF DEATH | 11. NAME OF | HOSPITAL, NURSIN | G HOME OR | OTHER INSTITUTION | 120 USUAL OCCUPAT | ION 1 | 26. KIND OF BUSINESS OR |
| = | by the filled with | | / | | CHEACILITY, GIVE STREET | | ist Hosp. | (TYPE OF WORK FOR MOST | | NDUSTRY |
| 120 | aurs on be fill be a | Ust | AL RESIDENCE (IF NURSING HOME CA | OTHER INSTITUTION | GIVE RESIDENCE BEFORE | E ADMISSION) | | Retire | | 11777 |
| 202 | and the state of t | | Maryland D. C. | | 13c. CITY OR TOW | | 3d. INSIDE CITY LIMITS? | | / ZIP CODE | 20/80 |
| MARYLAND | sho fi | | Maryland P.G | • | Hyatts | | YES NO S | 2106 Vi | rginia | Avenue |
| AR | 1 20/4 4 | | FIRST | MIDDLE | LAST | | FIRST | MIDDLE | | LAST |
| | 11 01 | | ROllie was deceased ever in u.s. ar | | Hill 166 SOCIAL SECU | IDITY NO. | Maudie 7 INFORMANT | ADDR | Ro | binson |
| BALTIMORE, | 1 10 1 | | | E WAR OR DATES) | | | | | | |
| 3 | 1 1 2 | | no | | 240 20 | 6229 | Kissea H | ill-w/fe-2 | | ginia Avenu |
| RDS, 201 W. PRESTON ST. | equires that the death cert, signed by the ottending is Then please remove carbon to buriol, cremation, or renniury, or ather traumatic expirity, or ather traumatic expires. | NO | Conditions, if ony, which gove rise to immediate cause (a), stoting the underlying cause lost. PART 2 OTHER SIGNIFICANT (| DUE TO, O (b) DUE TO O | mym | DEATH BUT N | WASH | ME CANO RMINAL DISEASE OR COM | NDITION GIVEN P | N PART To |
| DIVISION OF VITAL RECORDS, | aw rath. | CERTIFICATION | 190 DATE OF OPERATION | 19b. COND | ITION FOR WHICH | OPERATION | WAS PERFORMED | 20a AUTOPSY? | 20b IF YES, WE | ERE FINDINGS USED G CAUSES OF DEATH? |
| AL R | The roam | TE | | | | | | YES NO | YES 🗌 |] NO [|
| = | hysicatiran fran Hyg | Ü | 210. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEA | 216. TIME O | FINJURY M. MONTH D | AY YEAR | 21c HOW INJURY OCC | URRED (ENTER NATURE OF IN) | JRY IN ITEM 18 PART I | ORPART 2) |
| Ö | SICIA ng pl certif riol-t tem | 18 | (IF EITHER NOTIFY MEDICAL EXAMINER | 110 | | 19 | | | | |
| O | PHY this e bu | MEDICAL | 21d. INJURY OCCURRED | 21e PLACE | OF INJURY | | 211 LOCATION STREET | CITY OR TO | OWN / | COUNTY STATE |
| N N | offer the street of the street | ~ | AT WORK NOT WHILE | | | 1/- | A (| 2/1 | 1 | Sa |
| ۵ | A A A A A A A A A A A A A A A A A A A | | 22s I certify that (1) this haspi | toli ottegrigalità | deceased from_ | D. III | , 19_ | 1. to 01 | . 19_ | , that (I) (we) lost |
| | Sprita CTO I for | | sow the eccured slive on obove (1) we stidil did no | t) view the body | catter doubth | ond. | that in (my) (aur) opinio | on death occurred on the o | late and hour and | d from the couses stored |
| | DR he | | 224 SIGNAVIR | | · And | O DE | GREE | / | | 27 DATE SIGNED |
| | 그는 그들은 그 | | the | MILLIA. | IN WW | 1 | ATTENDING PHYSICIAN | MEDICAL STA | | 311017 |
| | FUNERAL IN STORY THE STORY | | 224 PHYSICIMAS NAME (11965 | | | - | 22e ADDRESS | | | |
| | retained by TO FUNER should be d with the Sta IMPORTANI | | | | | | | | | |
| | Op Op Op M | 23a | BURIAL, CREMATION, REMOVAL | 236 DATE | 230 | NAME OF CEA | METERY OR CREMATOR | | | |
| | BP | | Burial A | March | 21/ 199 | 87 a U- | rmony Men | city or town | | UNIY STATE |
| | | 24 F | UNERAL DIRECTOR | 11.01 | 1 | 111 | 250 D | ATE REC'D. BY REGISTRA | PEGISTRAR | ves Marylan |
| | DHMH - 16 60M 7/B4 (VRA 15, 4) | St | ewart Funera | Home- | -4001 Be | anning | Road M | AR 1 8 1987 | 1,000,000 | |
| | | | upplu. | - 1101110 | TOOT DO | | MUAU, IN | | | |

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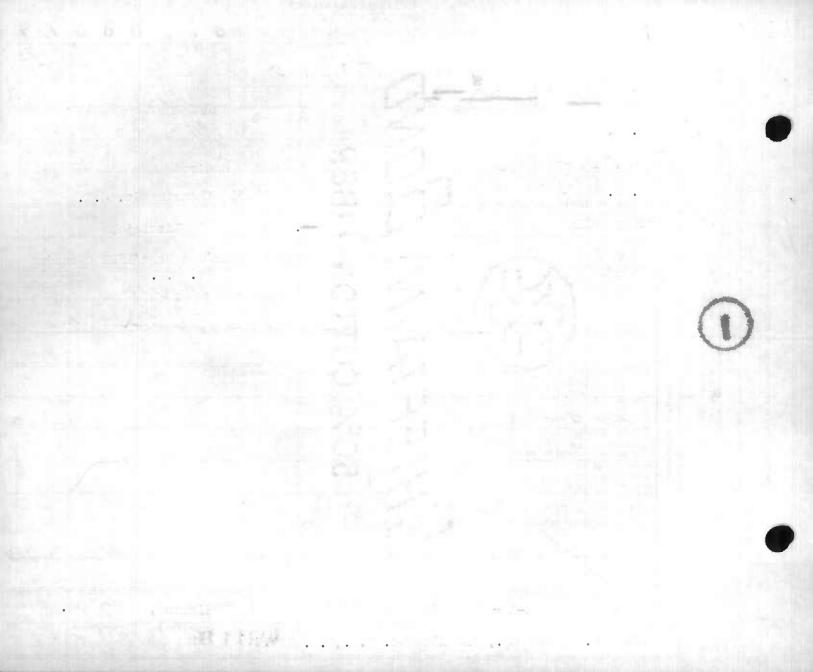
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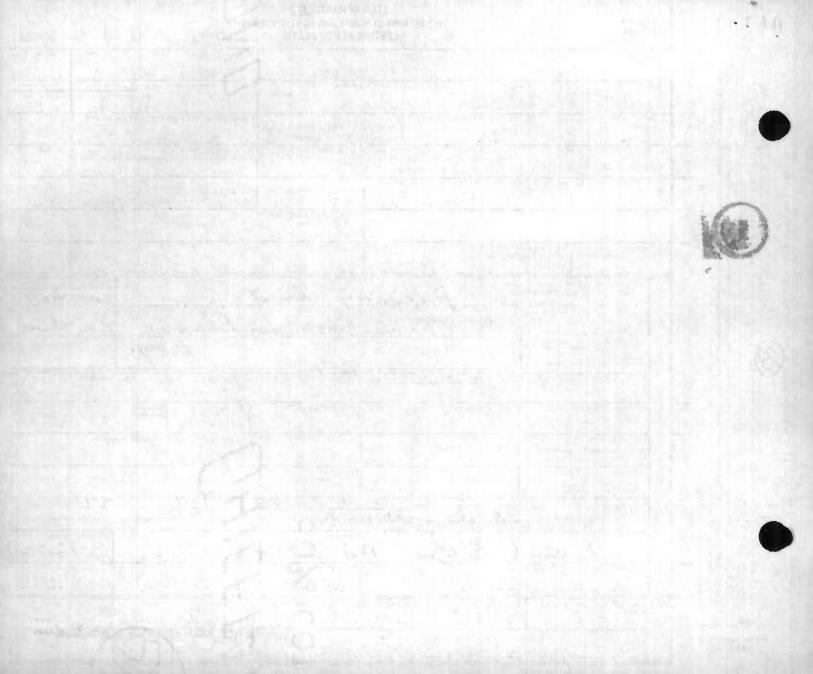
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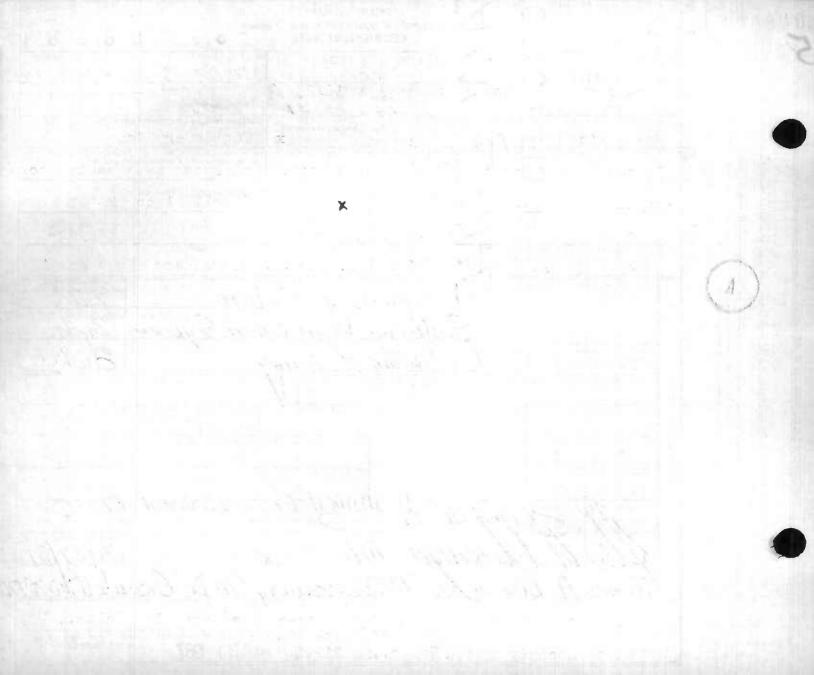
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| | CESSARY, PI VERAL DIRECTOR YOUR 172 M | 7.701 | RTHPLACE (STATE OR | Z (75.0 | ITIZEN OF WH | 1.0 | RS. | | DEAD | MAY OR COU | INTY OF DEA | The state of the s |
| | SA SERVICE SER | | S. C. | | USA | | MARRIED WIDOWED | NEVER MARRIE | ED 🔲 | 2 Z | | . 1/ |
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| . 21201 | the contract of the contract o | - | | | | Washing to | n y | res X NO | 1518 Chan | ning St. | N.E. | // |
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| ORE | 20 × | | AS DECEASED EVER | | OBCES2 | 16b. SOCIAL SECURI | Y NO 17 | P. Pett | | Littlejo ADDRESS | hn | |
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| N ST | S W S | | PART I DEATH W | AS CAUSED BY: | 7 | 8 unte | - /W | 170021 | Lial | Dir | BETWEF | N ONSET AND DEATH |
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| 38,2 | AAL E | 3 | PART 2 DINER SIGNIFICANT | CONDITIONS CONTRI | (c) | JT NOT RELATED TO THE TERM | AINAI BISCASS BR | CONDITION CIVEN IN BAR | 7.1 | | | |
| 000 | SAL | N C | // | 1000 | | OF HOLKELATED TO THE TEN | HINAL DISEASE DE | COMDITION GIFEN IN PAR | 1110 | | | |
| DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., | STAN STAN | CERTIFICATION | 190 DATE OF OPERA | TION | 196 CONDITI | ON FOR WHICH OPE | RATION WAS | PERFORMED? | | | 20 AUT | TOPSY? |
| VITA | S S S S S S S S S S S S S S S S S S S | TE | 10 |) re | | | | | | | YES | S D NOT |
| 9 | A PER | CER | UNDERLYING | | 21b. TIME OF HOUR A.M. | INJURY MONTH DAY YEA | R 21c HOW | INJURY OCCURRED | TENTER NATURE OF INJUR | IN ITEM 18 PART 1 OR | LPART 2) | |
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| DIVI | ARITIN REDED GE 3 SI 201 PR | ME | | | STREET, FACTO | DRY, FARM ETC.) | STREE | | CITY OR TOWN | | COUNTY | STATE |
| | HAWAY T | | | | | | | | | 7 | - | |
| | MINER: JEICATE BE FOR CTOR: THE STORY | | 220. I certify that I | | | ribed abave, held an Accident . So | Autopsy | . Inspection | | , and in my | apinion | |
| 0 | | | deam resumes from | 1/0 | , , , , , , , , , , , , , , , , , , , | Accident | | Homicide | Undetermined mann | er L., | | |
| | AL SECTION OF THE SEC | | ACTUAL SIGNATURE | 11 | 11 | Compran | M.D. | Dan | MEDICAL EXAMIN | EN DAT | 10 2 Mg | 66/9FS |
| | MEDICAL EXA CUTE THE CER SE 4 SHOULD FUNERAL DIR THORE MARK | 1 | EXAMINER'S SAME | | | / / | | 0- | | | | |
| | EXECUA PAGE TO PAGE | 22. 61 | JRIAL, CREMATION, R | ENOVALIST OF | YF | In white | | DRESS | In location | | Name of Street | |
| 0646 | 66001 | 230.80 | Burial | 3- | 10-87 | Lincoln | Memor | Lal | 23d LOCATION CITY OR LOWN | and, | Md YINU | STATE |
| 1 (35M) | DHMH - 17 | | INERAL DIRECTOR | | 100.00 | | | 25a. DATE R | EC'D BY REGISTRAR | | SSICNATUR | E |
| / | (VR A15 ME (5)) | | John T. | Khines | Co.,301. | 5 12th St. | N.E., | .C. 2000 | K11 198/ | Julia Da | menon ? | Mari |



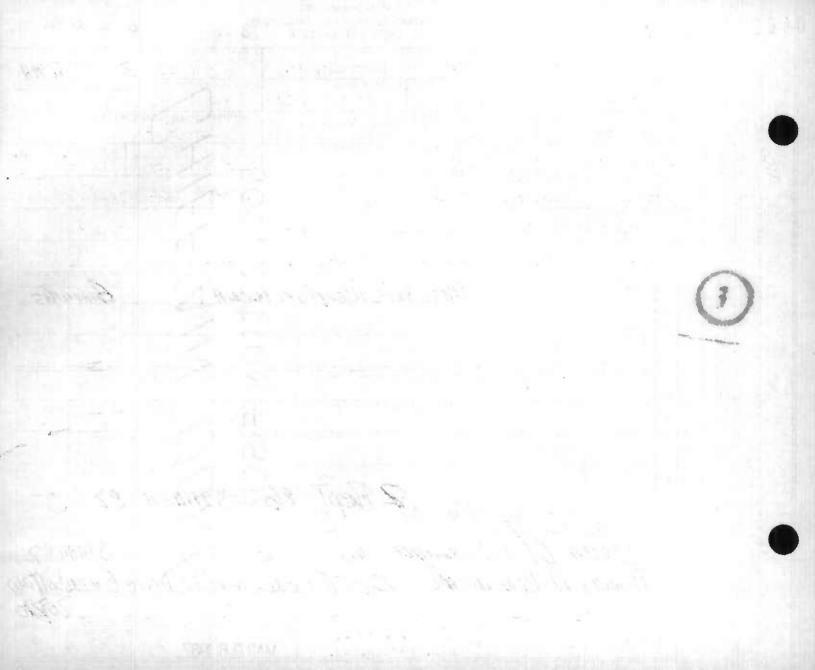
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| . e. e | | DECEASED TYPE OR PRINT) | | FIRST | | MIDDLE | | ŁAST | | - 27 - 14 | | OF DE AT | | | YEAR | 26 HOUR | |
| nay be poge 3 | | | | Leila | | М. | | Holtgr | | 75.0 | | arch | | | | 10:3 | |
| ffer p | 3 | SEX | | | 4 RACE | | | MONTH | DAY | YEAR | 1000 | IN YEARS LAS | ST BIRTHDAY | | UNDER I YEAR | HOURS | MIN. |
| - 1 1 | _ | Z | ale | | Caucas | | | July 2 | 2 | 1899 | 8 | * | | YRS. | | | |
| # 26 g | 12 | COUNTRY) | CE (STATE OR | FOREIGN | | OF WHAT COL | JNTRY? | MARRIED - | NEVERA | AARRIED - | 9. BALTI | MORE CIT | TY OR CO | OVITANC | FDEATH | | |
| 1 31/6 | 1 | Penn. | | | | S.A. | | WIDOWED X | | VORCED | 12 (16) | Mont | góme | ry | | | MD. |
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| 14 / | \subseteq | | | | Bo | ethesda | Heal | th Cen | ter | | Hor | nemak | on | | Homen | naker | 100 |
| 1 11 3 | 2.2 | 3a. STATE | PENCE (IF NU | 13b COU | NTY | 13c. CITY C | OR TOWN | DMISSION) | INSIDE C | ITY LIMITS? | | ET ADDRE | | | | | |
| ~ | | Jaryla | | Mont | gameri | Lily | on Sy | | | MAIDEN NAM | | O Ros | enst | eel | Ave. | 20910 | |
| A make | 5 | FATHER'S | FIRST | | MIDDLE | U | AST | 13.7 | | FIRST | ME | MIDD | OLE | | 1A | ST | |
| 138 7/1 | 24 | | lhert | 5 h 1 · · · c · · · · | | | liams | | | nknown | | ۸۶ | DDRESS | | | | |
| | / | YES, NO OR | EASED EVE | (IF YES, GIV | MED FORCE: | 3} | AL SECURI | | INFORMA | | | | | | | | |
| 2 04 0 | / | n | 0 | | | 209- | 38-51 | 03 H | . Sar | nuel Ho | ltgr | aver | son | sam | | | (4) |
| Transfer of | | 18 CAL | SE OF DEA | TH (Enter or WAS CAUSE | aly ane couse D BY: | per line far (a) | , (b), and | cul / | - / | 1 | 7 | | | | BETWEEN | ONSET AND D | EATH |
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| of the state of th | | la mil | H. | | DUE TO | O, OR AS A CO | / | | 2/20 | Lucade | in A | 2/100 | man. | | 1000 | Von | 11 |
| d de tell | | gove | tions, if on rise to in | mmediate | (b |) | hvor | me c | 100 21 | ractio | 12/6 | cern | nai | 4 | long | - | -1 |
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| HYS Iding ching the burner of | | AEDICAL (IF EITH | JURY OCCU | RRED | | CE OF INJURY | | | LOCATIO | N | N. I | CITY O | OR TOWN | 110 | COUNTY | STA | TE: |
| offer of the street of the str | 34 | WHILE AT WORK | TON D | WHILE O | (AI HOM | E, SIREET, PACTORY, | , OFFICE, PAR | M, ETC.) | JINEET | | | CIIIO | | | COOM | 31A | 16 |
| A Af | | | | | | d the deceased | | 5-6 | / | . 19 8 3 | 3_, to_ | 3- | 11 | , 19 | 87 | that (I) (w | e) lost |
| TTER PPITO P | | sav | w the deced | sed olive or | ot view the bi | ody ofter death | | 27 and the | at in (my) | (aur) apinian a | death occ | urred on t | he dote a | ind hour o | ind from the | couses stat | ed |
| OR A birection | 19 | | GNATURE | 1 | 1/ | 116 |) | DEGI | 4 | | / | | C7.455 | | 22c. DATE | SIGNED | 01- |
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| 2 5 5 5 3 ₹ | 1 | 3a. BURIAL, | CREMATION | , REMOVAL | 23b. DATE | | | ME OF CEME | | | 214 10 | DCATION By QRIGWN | 0. 1 | 1000 | DONTY | D STAT | ΙE |
| BP | | R | rial | | Marci | h16,198 | | | Cem | etery | OFE | 4384 | righ | ALLE | gheny | renn. | |
| DHMH - 16 50M 7/77 | | 4 FUNERAL NAME | | | | . Colli | DRESS * | | | MARY | 16 n/3 | 81001 | KAR DA | Daviso | Printerior . | TORSO | |
| (VR A 15 (4)) | | 500 Ur | ivers. | ity B | eud. Wi | est, Si | lver | Spring | , Md | | | - | 17 | 19.3 | | | |



| 311 | 500 | | | | | | | STATE | OF MARYLAND | | | | |
|---------------------------|---------------------------------------|--------------------|---------------|---|---------------|--------------------------|----------------|------------|-----------------------------|--|----------------------|--------------|----------------------------------|
| 14 (| 3 9 6 | APR | - | FOR | | | DEPARTA | AENT OF H | EALTH AND MENTAL HYG | IENE | - 45 | 44 | 47h A |
| 1 | | | | REGISTRAR | | | | CERTIF | CATE OF DEATH | S REG. NO. | U | 8 8 | 0 0 |
| Y | | 70 | | CEASED NAME FI | ISI Mar | garett | Oli | Ve , L | Hooks | | YAO HTM | YEAR | 2b. HOUR |
| | y be ge 3 | 100 | (TYPE | ORPRINTI Marga | - 13 | 5000 | 011 | He | - 1 - | 3/27/87 3 | 3 27 | 27 | 7:5 ZAM |
| | pog | | 3. SE: | | | CEC audas | rian | | F BIRTH 1 2 / 23 / 31 | 6. AGE (IN YEARS LAST BIRTHD | AY) IF L | INDER I YEAR | of UNDER 24 HRS |
| | to. | | | remare | F 75 | Vaucas | STAIL | | SAVE / CAR DE | 55 | MON | THS DAYS | HOURS MIN. |
| | oge | 20 | 7. 01 | RTHPLACE (STATE OR FORE) | 71. 60 | TIZEN OF WHAT | COUNTRY | 12 | 23 31 | 9 BALTIMORE CITY OR (| YRS | DEATH | |
| | 4 P P | EX. | | OUNTRY) | JB. CII | | COUNTRY | MARRIE | NEVER MARRIED | | | | |
| | dea | 60 | | lew Mexico | | USA | | WIDOWE | | Montgome | | | MD. |
| | 1 of 3 | 2// | 10 C | TY OR TOWN OF DEATH | (1) | F NOT IN SUCH FACILI | Y, GIVE STREET | ADDRESS) | R OTHER INSTITUTION | 120. USUAL OCCUPATION LITTE OF WORK FOR MOST OF W | ORKING LIFE) | INDUSTRY | F BUSINESS OR |
| 53 | rs a by | 3/ | | akoma Parl | | | | | tist Hosp. | Hairdress | er | Beau | ty Shop |
| 213 | hou d | 279 | USU. 13a S | AL RESIDENCE (IF NURSING) | COUNTY | | TY OR TOW | | 13d. INSIDE CITY LIMITS? | 130 STREET ADDRESS / 7 | IP CODE | | |
| 2 | filled ould | (食) | Ma | ryland V | P.G. | . La | urel | | YES NO | 13e STREET ADDRESS / Z | lace | 2070 | 07 |
| X | tely ch | F. | 14 FA | THER'S NAME | | | | | 15. MOTHER'S MAIDEN NA | | | | |
| AAR | y be | 1804 | | Homer | WIDDLE | Wa | aymir | е | , Erma | WIDDIE | | Pep | ber |
| m, | Cor | 8 | 160 V | VAS DECEASED EVER IN L | | ORCES? 166. S | OCIAL SECU | | 17 INFORMANT | ADDRESS | | | |
| Q ¥ | | 12 | Mary ! | (IF NO OR UNKNOWN) | N/A WAR | DR DATES) 561 | -36- | 1928 | Mr. Kennet | h D. Goddan | rd S | ame a | as #13 |
| BALTIM | e 28 | - 1 | | 18 CAUSE OF DEATH (E | nter only one | course per line to | A = | | | / | | APPROXI | MATE INTERVAL DISET AND DEATH |
| en. | of to | | | PART I. DEATH WAS | CAUSED BY | | Ka | Duca | Top 11 From | 1/110- | | 7 | ONSET AND DEATH |
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| 010 | tend tend | on, o | | Conditions, if any, wh | | UE TO, OR A | CONSEQUE | NO OE | 1 VOUA | ANA SUL | where - | 30 | o Vic |
| 84 E | se dea | nation, r troum | | gove rise to immedi | ote) | (b) | roge | . 10 | | 10.1 294 | Charte | 0 | 1. |
| ` | ot th | othe. | | couse (a), stating underlying cause l | ost. | DUE TO, OR AS A | CONSEQUE | 10mm | - of 1-1101 | G | | 81 |)Kc |
| 201 | es th | oriol, | | PART 2 OTHER SIGNIER | ANT COND | ITIONS CONTRI | VVV | 001-7-7 | NOT RELATED TO THE TIME | NAL DISEASE OR CONDIT | ION GIVEN | IN PART 1 | 2/13 |
| SQ. | Sign | d of Croin | 20 | | | | | | / | in the broathor on correct | | 0.17401 | |
| Ö | w re | ony 17 | ATI | 190 DATE OF OPERATION | 1 | 96 CONDITION | OR WHICH | OPERATIO | N WAS PERFORMED | 20a AUTOPSY? | Ob. IF YES, V | VERE FINDIN | NGS USED |
| DIVISION OF VITAL RECORDS | n. has | 2 % | CERTIFICATION | | | | | | | YES NOW | N CERTIFYIN YES [| | OF DEATH? |
| ¥ E | N. The | Hygier 18 sho | ERT | 210. ACCIDENT WAS UNDERLY | ING 2 | 16. TIME OF INJU | RY | | 21c HOW INJURY OCCUR | RED (ENTER NATURE OF INJURY I | | | |
| A V | | TO E | | OR CONTRIBUTING CAUS | COLDEVIU | HOUR A.M. A | ONTH DA | | | | | | |
| N | PHYSICIA ending ph this certifi | ar Hem | MEDICAL | (IF EITHER NOTIFY MEDICALE 21d INJURY OCCURRED | | P.M. le. PLACE OF INJ | URY | 19 | 211 LOCATION | | | | |
| VISIC | Hend Hend | ond ced o | ME | WHILE NOT WHILE | (| AT HOME, STREET, FAC | | ARM, ETC } | STREET | CITY OR TOWN | | COUNTY | STATE |
| 2 | Afre Afre | nark | | AT WORK AT WORK | | | | 11 1 | naoctt. 87 | 27 ma | mrtt | 67 | . /3 |
| | OR OF | Hedis | | 72s I certify flying his | hospital) of | 7 mano | ased from | 7 00 | d that in law (our) opinion | death occurred on the date | and how as | nd from the | that (1) we) lost |
| | OSP! | 10 E | Н | obquille (did) | did fot hinw | the book after o | egth. | | | acom occorred on the dote | 0110 11001 01 | - | |
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| | BP | | | Crematio | n 10 | 3/28/8 | | | ty Process | | | Balte | • |
| | DHMH - 16 | 50M 7/B4 | 24. P | INERAL DIRECTOR | | | ADDRESS - | Fre | derick Redual | E REC'D. BY REGISTRAR 25 | . REGISTRA | R'S SIGNAT | Jande 12. |
| | (VRA 1 | 5, 4) | C: | remation S | ociet | y of M | d. Bal | to., | MD 21228 | MAR 3 1 1987 | | | |



STATE OF MARYLAND 046394 MAR DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO 20 DATE OF DEATH 1. DECEASED NAME 2b HOUR (TYPE OR PRINT) Charles Irvin Horrocks, Jr. 1987 March 3 SEX 4 RACE 5. DATE OF BIRTH & AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR Male White July 21 1918 68 To BIRTHPLACE ISTATE OF FOREIGN 7b. CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED A NEVER MARRIED Pennsylvania USA Montgomery WIDOWED DIVORCED [10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 128 USUAL OCCUPATION 126 KIND OF BUSINESS OF (IF NOT IN SUCH FACIEITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE Silver Spring 14606 Fairacres Road Dairy Industry Milk Produces 13b COUNTY 13e STREET ADDRESS / ZIP CODE Marylan d Montgomery Silver Spring 14606 Fairacres 20904 Road 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME Charles Trvin MIDDLE Roberts Horrocks Bertha ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT 198-05-1245 Dorothy E. Horrocks-wife-(same as 13e) yes 18 CAUSE OF DEATH (Enter only one couse per line PART I. DEATH WAS CAUSED BY: To Ademolarcinoun DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate couse (a), stating DUE TO, OR AS A CONSEQUENCE OF underlying cause lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 198 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NOTE 71a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 21d INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION COUNTY LAT HOME, STREET, FACTORY, OFFICE FARM, ETC. NOT WHILE ir) opinion death occurred on the date and hour and from the causes stated 22c DATE SIGNED ATTENDING DIRECTOR | PHYSICIAN PHYSICIAN should be 23s. BURIAL, CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY 71h DATE (SPECIFY) Buria1 3-6-1987 Parklawn Cemetery Rockville Montgomery 24 FUNERAL DIRECTOR 25a DATE REC'D. BY REGISTRAR 11800 N.H. Ave., 25b. REGISTRAR'S SIGNATURE DHMH - 16 60M 7/84 Hines Rinaldi Funeral Home (VRA 15. 4) Sil. Spring, Md.



| | STATE OF MARYLAND | | | | | | | | | | | |
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| OR A DIREC Oched Dept. | | 22h. SIGNATURE | 0 | 10 | | 1/ | DEGREE | | | | 73. DATE SIGN | KED |
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| T = F < > Z * | 23a E | SURIAL, CREMATION, | | 36 DATE | 0= | | EMETERY OR CREMA | ATORY | 23d LOCATION | | OUNIWT | • SLATE |
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1331 Rockville Pike, Rockville, Maryland 20852

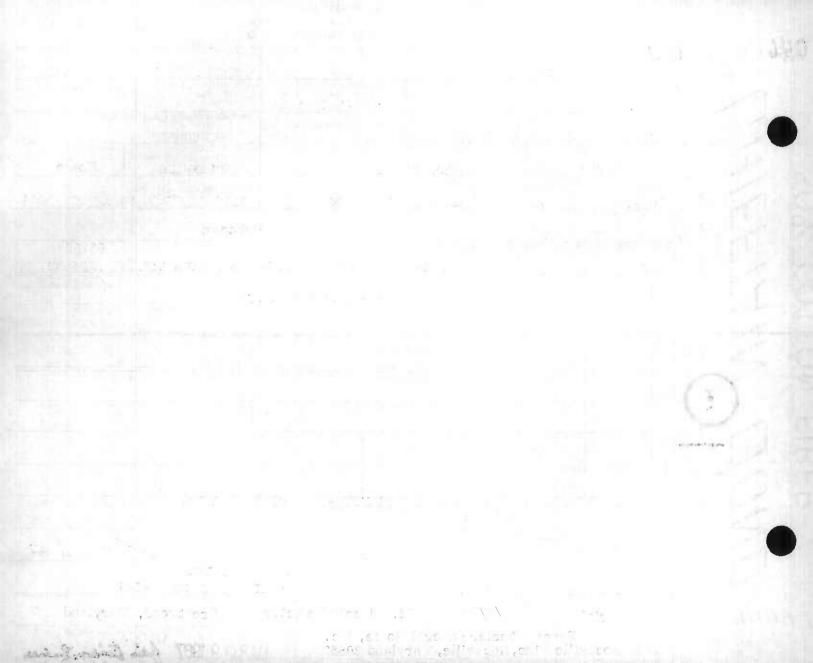
FOR

DHMH - 16 60M 7/84

(VRA 15. 4)

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE



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DHMH - 16 60M 7/84

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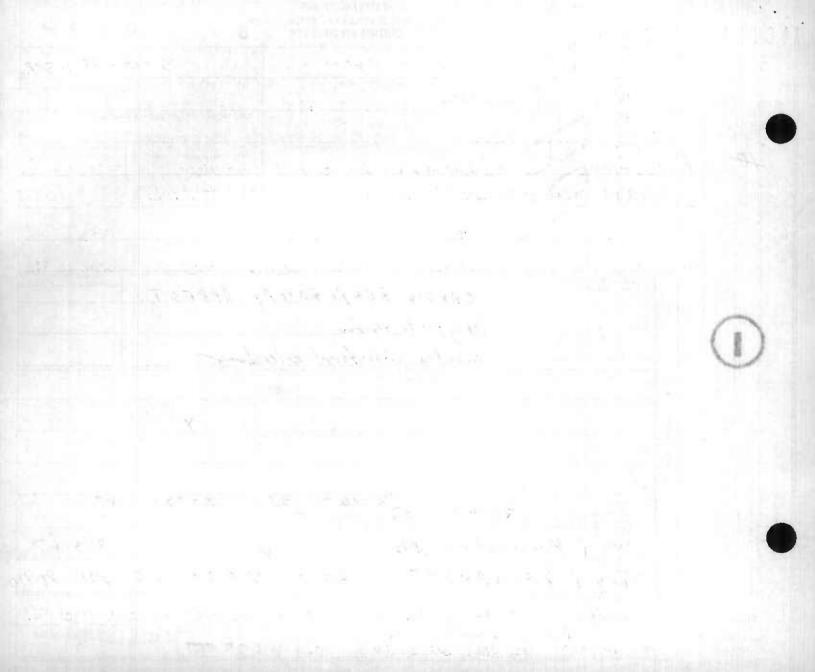
STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

| i | 6 | REGISTRAR | | | | CERTIF | ICATE OF | DEATH | 8 | REG. NO | U | 0 0 | () | • |
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| | | 220.1 certify that (1) (this hospital) attended the deceased from 3-14-19-87, to 3-5-19-97, that (1) (we) lost sow the deceased alive an 3-14-19-87, and that in (my) (our) apinion death occurred on the date and hour and from the causes stated | | | | | | | | | | | | |
| | | | ve) (did) (did not | | | ز اندر سال | DEGREE | / / (aa. / apa. | | area ar me aa | 10 0110 110 | | | |
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| | 24 FL | INERAL DIRECTO | OR France | ris T. | Collin | S. Tr. | | 25a DA | TE REC'D B | Y REGISTRAR | Sh REGIS | TRAR'S SIGNA | TORE ! | 2 |

Md.

500 University Blvd. West, Silver Spring,



DHMH - 16 60M 7/84

BP.

RICHARD RAPP, INC. 1804 T ST., N.W., WASHINGTON, DC (VRA 15, 4)

CREMATION

24 FUNERAL DIRECTOR

3/22/87

METROPOLITAN CREMATORY

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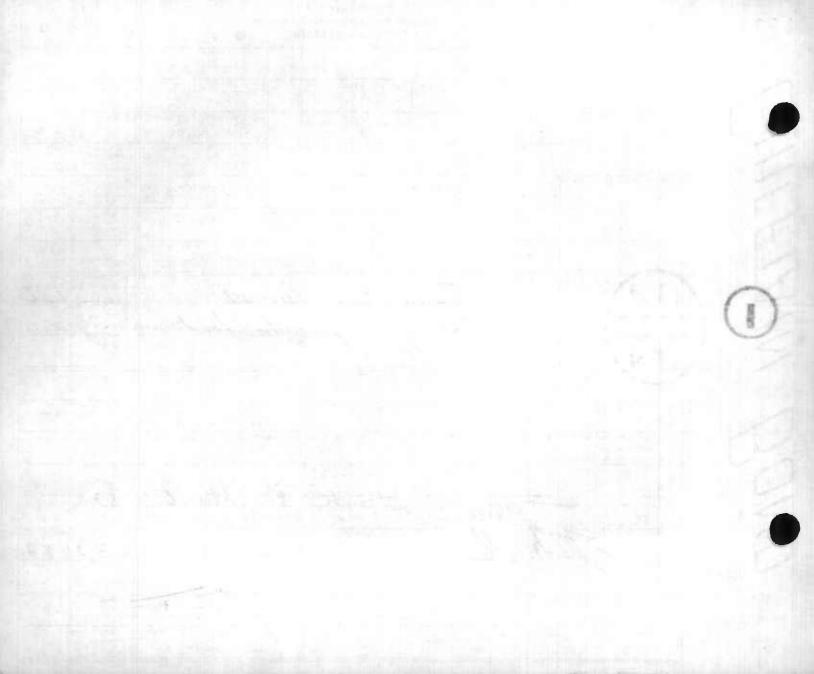
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ALEXANDRIA, VIRGINIA

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(VRA 15, 4)

· STATE OF MARYLAND

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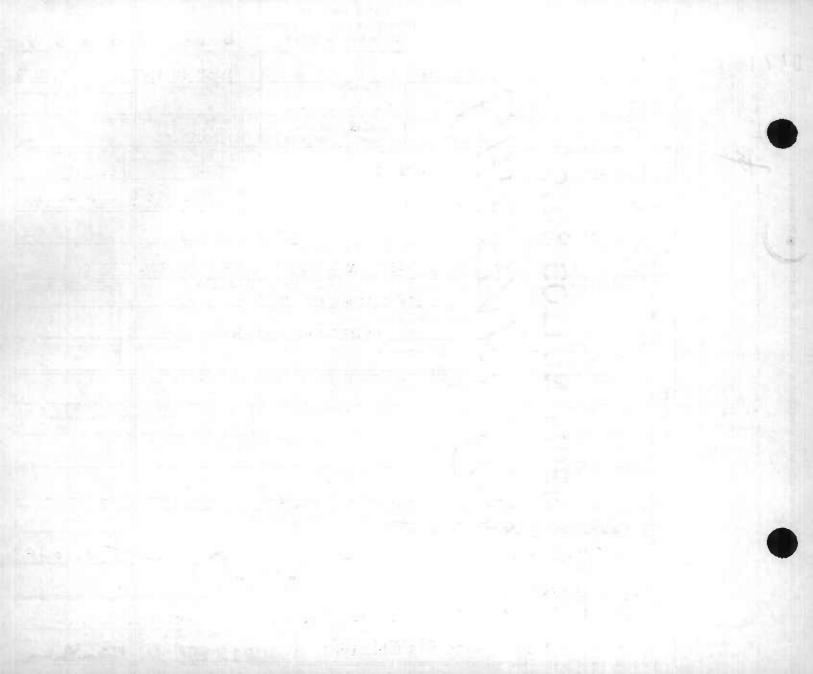
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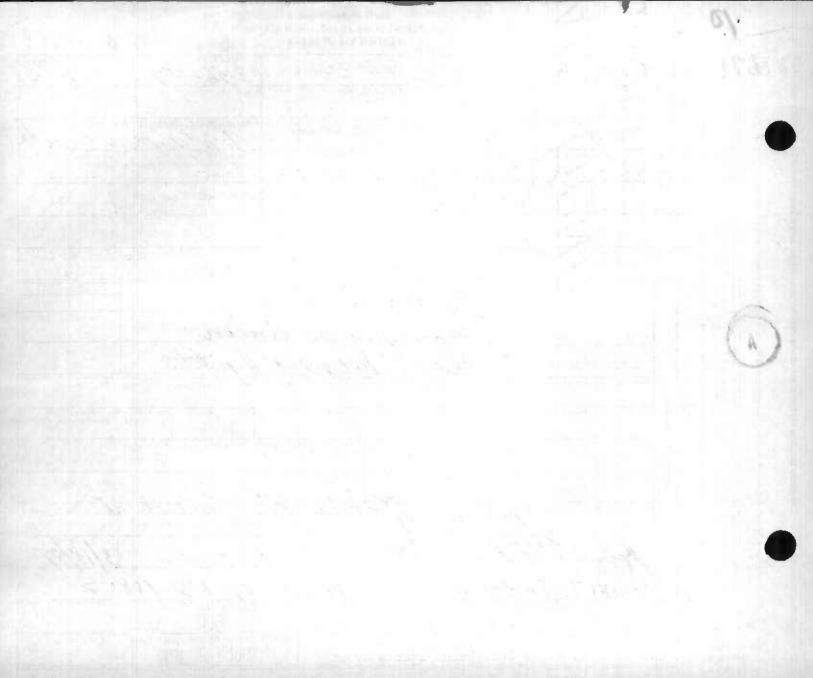
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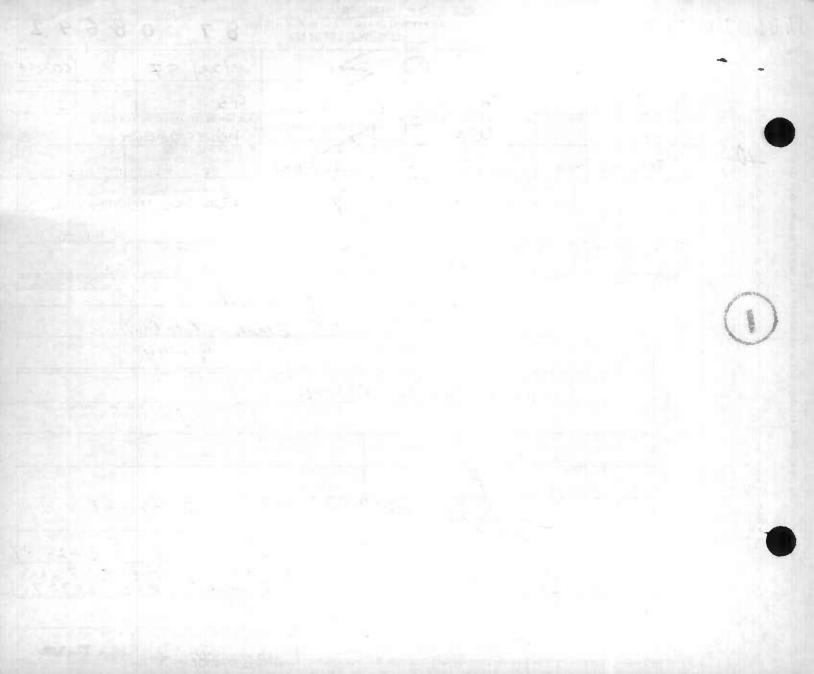


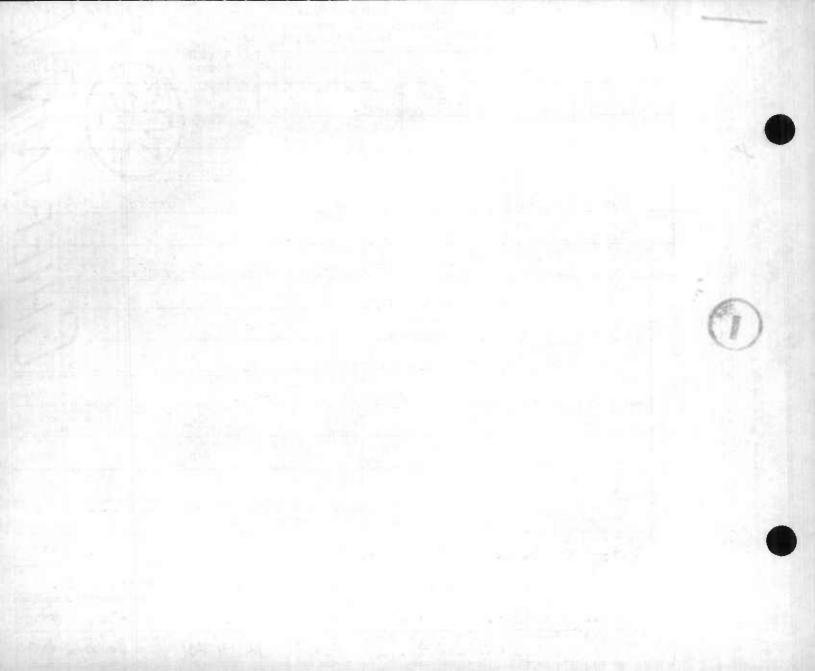
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 0 4 8 3 6 8 MATE 3767 MEDICAL EXAMINER'S CERTIFICATE OF DEATH DECEASED NAME 20. DATE KNOWN (L) HUSSELBAUGH Calvin CLAME OR SOME OF ESTI-2d. HOUR DATE LAST BIRTHDAY) PRONOUNCED 08 62YRS TO BIRTHPLACE (STATE OR 9 BALTIMORE CITY OR COUNTY OF DEATH FOREIGN COUNTRY) MARRIED NEVER MARRIED WIDOWED . DIVORCED MONTGOMERU CITY OR TOWN OF DEATH Custom Drapery HOCKVILLE 30 STATE 13d. INSIDE CITY JAMITS? 13e STREET ADDRES mo A FATHER'S NAME MIDDLE LAST Husselbaugh, Sr. Hudson Elizabeth Mary 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 11970 Orange River Rd. Lillian H. Hunt, Ft. Myers, Florida 579-16-8021 WW 2 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: IN PARCTION IMMEDIATE CAUSE (0) ANYOC ARDIAL DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which ERIOS CLURAT gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 DIHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 in 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES [NO L 210 EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART) OR PART 2] HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 2300 P.M. TIE PLACE OF INJURY 211 LOCATION NOT WHILE AT WORK 40 M/2 AT WORK 220 I certify that I took charge of the remains described obove, held an Autopsy and in my opinion Suicide Hamicide Undetermined manner TITLE (SPECIFY EXAMINER'S NAME 230.BURIAL, CREMATION, REMOVAL 23b DATE STATE Mar.23,1987 Westview Baltimore, Maryland Cremation MAR 2 4 1987 Line Decider Control 24 FUNERAL DIRECTOR **DHMH - 17** Olin L. Molesworth, P.A. Damascus, Md. ina Davidson Kondalia (VR A15 ME (5))

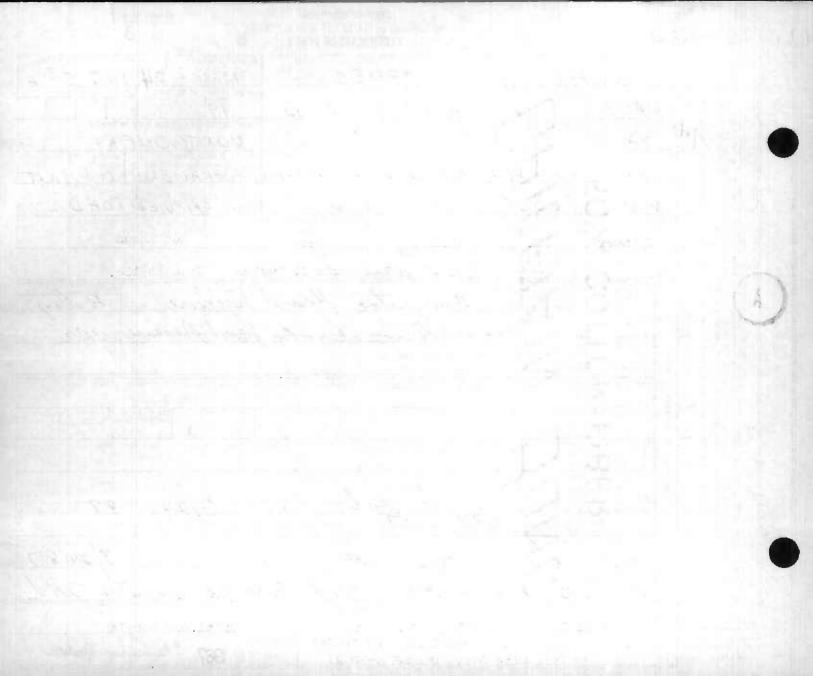
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| ge 4 mo | 3 SEX Ma | le | CA-ucasian | 5. DATE OF BIRTH MONTH Dec. 18, 189 | 6. AGE (IN YEARS LAST BI | rthday) IF UNDER I YEA MONTHS DAY YRS. | | | | | |
| deoth. Pog unerol dire | 1 BIRTHPLACE | (STATE OR FOREIGN | 76 CITIZEN OF WHAT COUNTRY? | 8. MARRIED NEVER MARRIED WIDOWED MORCED | 9 BALTIMORE CITY | OR COUNTY OF DEATH | MD. | | | | |
| by the filled with | TAKON | | 11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET A | G HOME OR OTHER INSTITUTION (DDRESS) ADVENTIST HOS | 120 USUAL OCCUPAT (TYPE OF WORK FOR MOST Furr | OF WORKING LIFE) INDUSTR | of BUSINESS OR RY Idustry | | | | |
| AND 212 | USUAL RESIDER | York Bro | NOTHER INSTITUTION, GIVE RESIDENCE BEFORE | | ? 13- STREET ADDRESS | / ZIP CODE | 20706 52*6550 | | | | |
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| VISION OF G PHYSICIA The buriol-treat this certifit the buriol-treat ond Memtol | (IF EITHER | BUTING CAUSE OF DE. NOTIFY MEDICAL EXAMINE RY OCCURRED NOT WHILE AT WORK | | 19 21f LOCATION | CITY OR T | OWN COUNTY | STATE | | | | |
| TO HOSPITAL OR ATTENDING retorined by the hospitol or Or TO FUNERAL DIRECTOR. Aftishold be detached for use os with the Stote Dept. of Health IMPORTANT. If them 21 is more | 22b. SIGN 22d. PHYS | the deceased olive or e. (II) (ve) (did) (did) (Address of the control of the con | OR PRINT) A 3 M D. | 22e ADDRESS 65 | MEDICAL STA MINECTOR PHYSI O Kenilyori Rivergale | 22c. DA | ., that (1) (may lost the causes stated) TE SIGNED 1 -23 -87 1 -260 0 0 73 7 | | | | |
| BP | | emation, removal L | , 200, | ame of cemetery or cremator St. Raymond Ce | emetery Br | | York | | | | |
| DHMH - 16 60M 7/B4 (VRA 15, 4) | 74 FUNERAL DI | RECTOR Ives | Pearson Funer rlington, Warss | 22201 Pomes 250 t | DATE REC'D. BY REGISTRAF | 255 REGISTRAR'S SIGN | Na. | | | | |







STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REG NO

CERTIFICATE OF DEATH 20 DATE OF DEATH MONTH L DECEASED NAME 76 HOUR LIYPE OR PRINTI ELSA B. JARCHOW MARCH 24, 1987 9:50 RM 3 SEX 4 RACE 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) JULY 1, 1903 YEAR female WHITE TO BIRTHPLACE (STATE OR FOREIGN BALTIMORE CITY OR COUNTY OF DEATH 7h CITIZEN OF WHAT COUNTRY? MARRIED W NEVER MARRIED II.S.A. ILLINOIS MONTGOMERY WIDOWED DIVORCED | 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 126 KIND OF BUSINESS OR 12a USUAL OCCUPATION LITYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY 12028 WHIPPOORWILL LANE ROCKVILLE HOUSEWIFE OWN HOME USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 13d INSIDE CITY LIMITS? 13e STREET ADDRESS / ZIP CODE MONTGOMERY MARYLAND 12028 WHIPPOORWILL LANE NO X 4 FATHER'S NAME 15. MOTHER'S MAIDEN NAME PIRST MIDDLE FIRST MIDDLE HILDA EKLUND ERNEST BROMS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT ADDRESS (YES NO OR UNKNOWN) LIF YES, GIVE WAR OR DATEST ALFRED W. JARCHOW, HUSBAND, SAME AS ITEM #13 216-22-0574 NO 18 CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c) PART I. DEATH WAS CAUSED BY PANCREATIC CARCINOMA DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost.

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 I.O. 190 DATE OF OPERATION

CERTIFICATION

MEDICAL

196 CONDITION FOR WHICH OPERATION WAS PERFORMED

216 TIME OF INJURY

21e PLACE OF INJURY

AT HOME, STREET, FACTORY, OFFICE FARM ETC.)

21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR

DEGREE

211 LOCATION

CITY OF TOWN

200 AUTOPSY?

NOK

COUNTY

20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?

YES |

22a | certify that (1) MXXXXXX attended the deceased from MAY 19 86 to MARCH 24, 19 87 that (1) XXX saw the deceased alive an MARCH 24, 19 87 and that in (my) (oX) apinion death occurred on the date and hour and from the causes stated

STATE

sow the deceased alive on MARCH 24, obove, (I) (ye) (did) (didyon) view the body after death. 22b. SIGNATURE

210. ACCIDENT WAS UNDERLYING

OR CONTRIBUTING CAUSE OF DEATH

(IF EITHER NOTIFY MEDICAL EXAMINER)

21d INJURY OCCURRED

WHILE NOT WHILE

3/25/87

22e ADDRESS

ATTENDING MEDICAL PHYSICIAN X DIRECTOR PHYSICIAN 22c DATE SIGNED MARCH 24, 1987

224 PHYSICIAN'S NAME LITTE OF PRINT

GALEN HALLICK, M.D.

METROPOLITAN CREMATOR

23c. NAME OF CEMETERY OR CREMATORY

20009

11125 ROCKVILLE PIKE, ROCKVILLE, MD.

23d LOCATION

DHMH - 16 60M 7/B4 (VRA 15, 4)

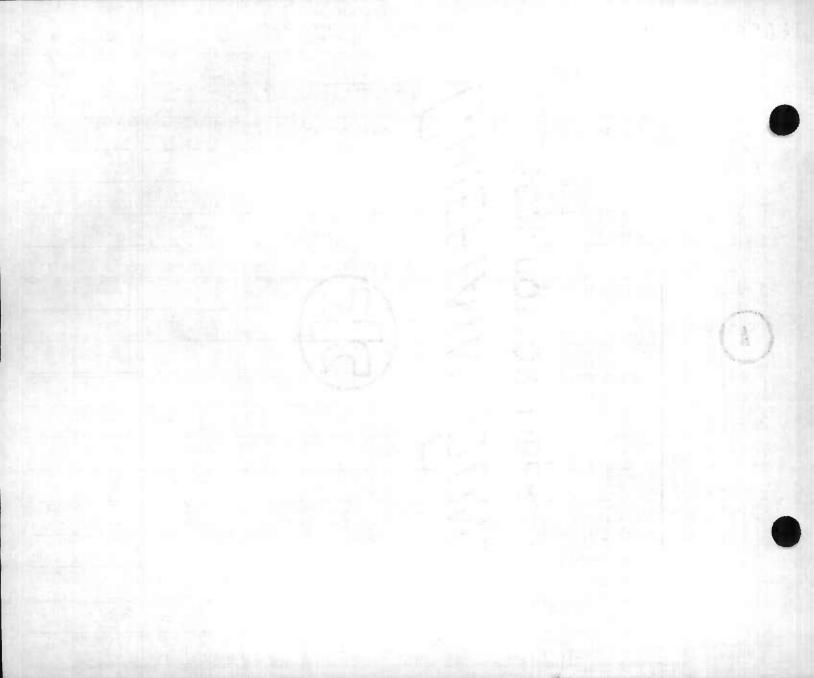
CRIT

24 FUNERAL DIRECTOR RICHARD RAPP, INC. 1804 T STREET, NW, WASHINGTON, DC

CREMATION

230 BURIAL, CREMATION, REMOVAL 236, DATE

ALEXANDRIA, VIRGINIA 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE



PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 20b. IF YES WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM TO PART 1 OR PART 2) COUNTY STATE and that in (my) (our) opinion death accurred on the date and hour and from the causes stated DEGREE 22b. SIGNATURE 22c. DATE SIGNED ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS should be with the S 0 231 NAME OF CEMETERY OR CREMATORY 230 BURIAL, CREMATION, REMOVAL (SPECIFY) Falls Church, VA Arnon Cem. Burial 24 FUNERAL DIRECTOR Joseph Gawler's Sons, Inc. 5130 WI Ave. NW Wash., DCE-20016 BY REIS SPAR 256. REGISTRAR'S SIGNAL HIRE (VRA 15, 4)

STATE OF MARYLAND

YEAR

26 HOUR

12b. KIND OF BUSINESS OR

Sealtest

LAST

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

DHMH - 16 60M 7/84

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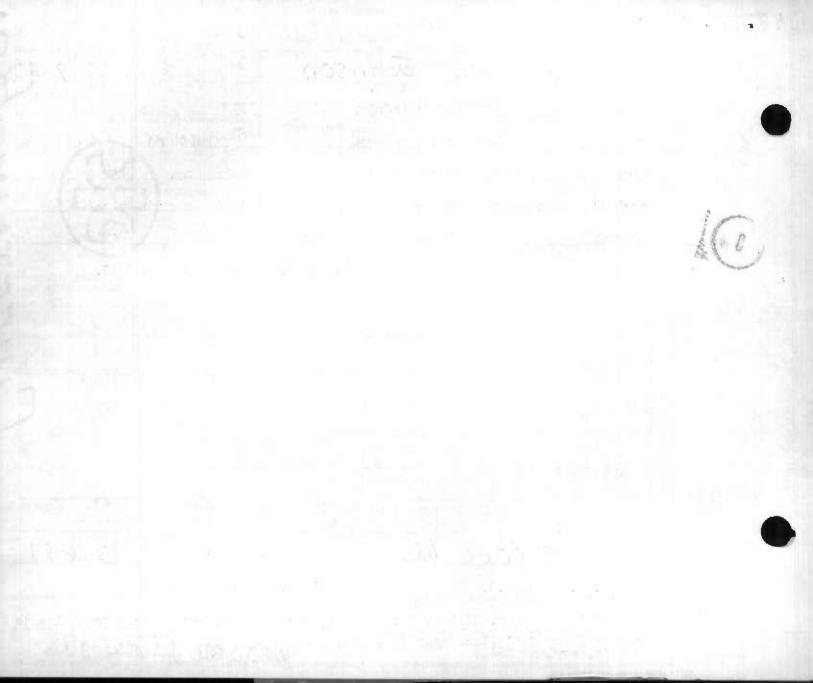
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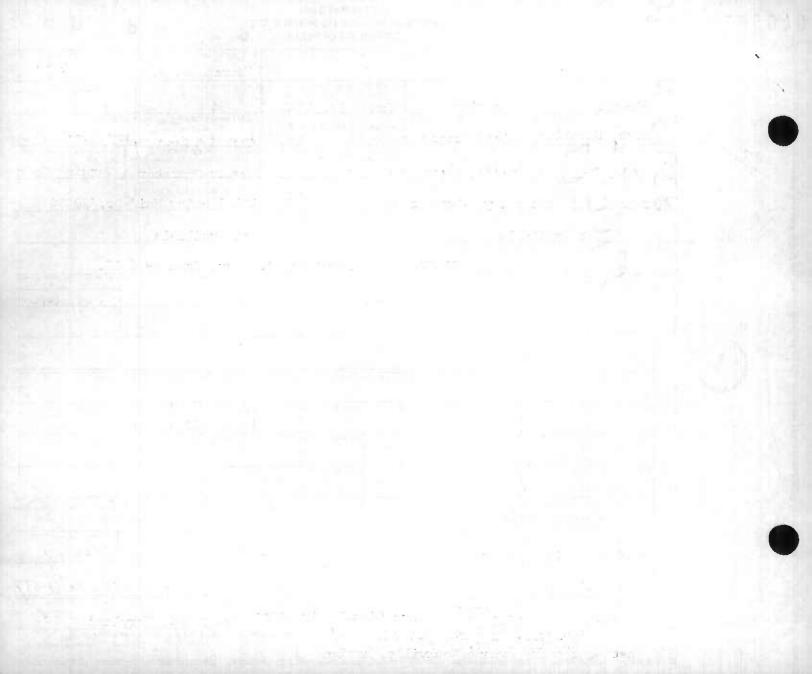


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| | 元本品書 | 10. C | ITY OR TOWN OF DEATH | | PITAL, NURSING HO | | INSTITUTION | 12a USUAL OCCUPA FOR MOST OF WORKII | ATION (TYPE OF WOR | rk 12b KI | IND OF BUSINESS |
| | SOSTE | 5 | oiller Spring | 40 | ly cons | 5 HA | ottol | Retired-C | | | d's Cafe |
| - | FREDRICK | JSU | AL RESIDENCE (IF IN NURSING HOM | E OR OTHER INSTITUTION, GIV | E RESIDENCE BEFORE ADMIS | ISION) | priat | | .0011 | 7 | O X |
| 21201 | /名9性影響/周 | 3a S | TATE 135 COU | NTY | 13c. CITY OR TOWN | | INSIDE CITY AMITS? | 13. STREET ADDRESS | 5 - 0 | XO | 70% |
| | 10000000000000000000000000000000000000 | - | 14101 | JT. COUNTY | 15ilver S | 71179 | res NO | 1 | TOX | Hall | DLING |
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| m, | SWEED | | Hock | Nar | Jew | | Wong | _ | | See | |
| NO N | 84872 | 16a \ | WAS DECEASED EVER IN U.S. A | RMED FORCES? | 166 SOCIAL SECUR | ITY NO. 17. | INFORMANT | | ADDRESS | 000 | |
| BALTIMORE, MD. | E E E E E E | | | /E WAR OR DATES) | 212 20 50 | 27 2 | C T | (0.) 0 | | 2 | |
| ¥ | 29E25 | | 10 | | 212-30-59 | 27 PL | nue Sun L | ee (Son) Sa | me as #1 | | |
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| 80 | L' PEL | CERTIFICATION | 190 DATE OF OPERATION | 196 CONDITI | ON FOR WHICH OP | RATION WAS | PERFORMED? | | 1 | 20 / | AUTOPSY? |
| VITAL | 28 # 37 % | 5 | Noul | | | | | | | | |
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| | NA FIRST AND THE PARTY OF THE P | | death resulted from: Not | ural causes X | Accident | vicide | Homicide . | Undetermined moni | ner . | | |
| | MARK WITH | | | | | | TIME (SPECIFY) | | | | 1 |
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| 100 | | Olney | | Sharor | n Nursing | Home | | | Sales Rep. | AT | & T | |
| 2 2 7 | 13a | AL RESIDENCE (IF NURS | 136 COUNTY | INSTITUTION | 136. CITY OR TOWN | ADMISSION) | 1 13d INSIDE CITY LIM | AITS? 113 | e STREET ADDRESS / Z | P CODE | | |
| 2 2 11/30 | | Maryland | Montgon | | Potomac | | YES NO | | 10949 Debor | | /20854 | |
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| N | CERTIFICATION | | | | | | | | 1 | | | |
| S beer repried | δ | 190 DATE OF OPERA | ION | 196 CONDI | ITION FOR WHICH | OPERATIO | N WAS PERFORMED | | 20a AUTOPSY? 20 | DE IF YES, WERE F | NDINGS USE USES OF DEA | D TH? |
| At Re long. He long. He long. Hos mene | J E | | | | | | | | YES NO XX | YES 🔲 | NO [| 3 |
| N OF VITAL SICIAN: The ng physicion certificate hund-tronsit periori Hygier Henril B shop. | Ü | 21a. ACCIDENT WAS UND | | TIME O | FINJURY M. MONTH DA | Y YEAR | 21c HOW INJURY C | OCCURRED | ENTER NATURE OF INJURY IN | HITEM TE PART I OR PA | ST 2} | |
| SICIA ng ph certifi priol-tr | A | OR CONTRIBUTING (IF EITHER, NOTIFY MEDI | | P. | | 19 | | | | | | |
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| VISIO G PF or the ond ked of | ¥. | WHILE NOT WH | IKE | AT HOME, STR | REET, FACTORY, OFFICE, FA | RM ETC.) | STREET | | CITY OR TOWN | COUN | IA | STATE |
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| F = 0 0 = - | | sow the decease above (1) we) (c | did did nai vie | w the body | after death. | | | apinion ded | orn occurred on the date | | | |
| 0 . 0 . 0 | | 226 SIGNATURE | 15 0 | 3/- | - An | | DEGREE | 2010 | MEDICAL STAFF | Ann. | DATE SIGNED | - |
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| of of why way | 23n | BURIAL, CREMATION, | | DATE | 123, N | AME OF C | EMETERY OR CREMA | | 23d LOCATION | | | |
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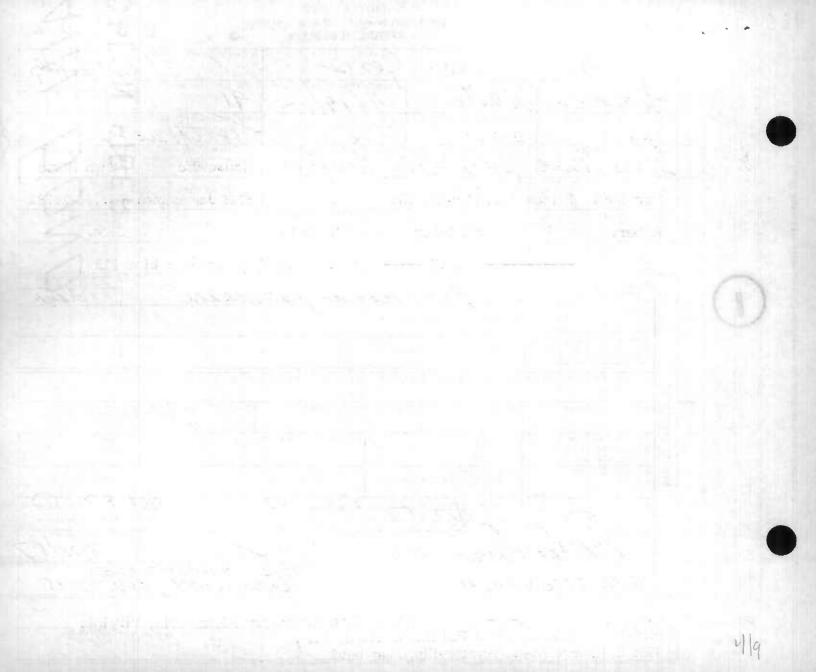




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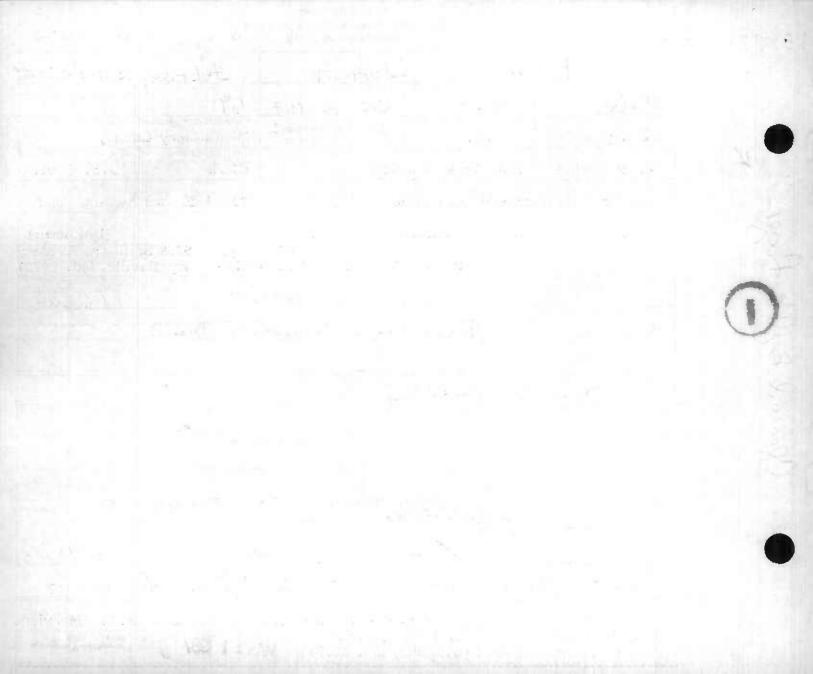
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| | | REGISTRAR | | WE | | EXAMIN | ER'S C | ERTIFIC | CATEC | OF DEA | THE | REG. | No. | O | , , | |
| | | CEASED NAM | E FIRST | | MIDDLE | | | LAST | | - | 20. DATE | KNOWN ESTI- | (X) " | NONTH | DAY YEAR | 26 HOUR |
| 2000年1000年1000日 | | | Orl | in | Monte | | J | ones | Jr. | | | MATED | | 3/24 | 1 1987 | M |
| ラ 兵主支援 | 3 SE. | X | 4 RACE | S. DATE OF BIRTH | YEAR | 6. AGE (IN YEA | RS IF UN | | IF UNDER | | 2c. DAT | | AA | ONTH | DAY YEAR | 2d HOUR |
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| 日本の子(株) | | OREIGN COUNTRY) | 10 0 | 1104 | | | WIDOW | - | VER MARR | | M | | | C | | |
| ZENE 4 | 10 C | ashingt | OF DEATH | USA 11. NAME OF HO | SPITAL NIL | RSING HOME | | /1 | | | | TEOM | | | | MD. |
| 13.15.17 | | | | (IF NOT IN SUCH F | ACILITY GIVES | TREET ADDRESS) | | EK IIIO | 711014 | FORA | MOST OF WO | ORKING LIFE) | | | OR INDUS | |
| A DE MA | 11011 | | Spring | OR OTHER INSTITUTION, C | Hero | n Drive | | | | Rep | air 1 | Forem | an | | CEP | Tele. |
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| TANK T | Alt. E | ATHER'S NAME | | MIDDLE | | LAST | - | | ER'S MAIDI | ENNAME | | MIDDLE | | 1 | LAST | |
| | V | Orlin | | М. | Jon | es. Sr. | | | lae | | | L. | | | Gunnin | a |
| \$ 650 Tal | 16a. \ | WAS DECEASE | DEVER IN U.S. AR | MED FORCES? | 166 5O | CIAL SECURITY | NO. | 17. INFOR | MANT | Son | | ADDR | ES9 7 | 11 A | Phonti | Drive |
| 5 654014 | | Vo | (# 723, 0172 | WAR OR DATES) | 577 | -01-328 | 2 | orein | | ones | TTT | Sil | NON | Spr | ina Ma | .20902 |
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| AL RECORDS, 201 W. PR VUD BE EXECUTED WITH VERDICAL EXAMINED SED AS A BURIAL - TRAN F HEALTH AND MENTAL AL CREMATION, OR RE | 1 | PART 2 ATHER CI | CHIEF ANT CONDITIONS | CONTRIBUTING TO DEATH | U BUT NOT BY | LTCO VO VUC VIAM | NAL BUCKACE | | | | | | | | | |
| S CERTIFICATE SHOULD BE EXECRIBED THE CHEMBING. REDECT THE WORD "PENDING" REDECT TO THE CHEF WEDICAL. HE 3 SHOULD BE USED AS A BUI E DEPARTMENT OF HEALTH AND IN PRIOR TO BURNAL, CREWATION OF THE CHEMBING. | z | PART 2 OTHER ST | ONITICANT CONDITIONS | | n wor wor keep | CIEU IU INE IEKMI | NAL UISEASE | OK CONDITIO | IN GIVEN IN PA | IRT 1 (a . | | | | | | |
| MECOI D BE E PENDII MEDITH MEDITH CREATH | CERTIFICATION | 19a. DATE OF | OPERATION | None | ITION FOR | WHICH OPER | TIONING | AS DEDECOR | 145D2 | | | | | | | |
| HALE HOULE OF HE | Į. | IN DAIL OF | | 176. COND | IIION FOR | WHICH OPEK | ATION W. | AS PERFOR | (MED? | | | | | | 20 AUTOPS | |
| F VITA WORD WORD WORD BE US | 3 5 | 21a CYTERNIA | None AL CAUSE WAS | 116 TIME C | NE INTUIDM | | In iii | Status transas | | | | | | | YES [| NO [X] |
| O EVEL SECTION | | UNDERLYING | energie . | 21b. TIME C | M. MONTH | DAY YEAR | ZICHC | אטנאו שכ | OCCURRE | ED LENTER | NATURE OF W | NJURY IN ITEA | A 18 PART | T OR PART | 2) | |
| S FF S S | \S | | NG CAUSE OF | | | 19 | | | None | | | | | | | |
| WIS SED AS | MEDICAL | 21d. INJURY C | | | OF INJURY | | | TREET | | | CITY OR TO | OWN | | COUN | TY | STATE |
| DIVISION OF VITAL RI FINIS CERTIFICATE SHOULD FWARDED TO THE WORD "PR PAGE 3 SHOULD BE USED. STATE DEPARTMENT OF HE 1, 21201 PRIOR TO BURGAL. | ` | AT WORK | NOT WHILE [| | | | | 35- | | | | | | | | |
| | | 220. I certify that I took charge of the remains described above, held an Autopsy . Inspection . Inspection . Inspection . Inquiry . and in my apinion | | | | | | | | | | | | | | |
| L EXAMINER: CERTIFICATE UNID BE FORW H, WITH THE S MARYLAND, | | death resulted from: Natural causes . Accident . Suicide . Hamicide . Undetermined monner . | | | | | | | | | | | | | | |
| EXAN CERTIL DIRE WARY | | | / | AA | 115 | | | | SPECIFY) | 0110011 | crimine of in | ioniici _ | | | | |
| N N N N N N N N N N N N N N N N N N N | | ACTUAL SIGNATURE | 16 | K. | 1 | Ten | - 44 | | puty | MED | ICAL EXA | 4445150 | | DATE SIGNED. | 3/24 | /87 |
| SE S | 3 | January Torre | // | | 6 | 1 | | <u> </u> | | Semi | narv | Road | | SIGNED. | 9/2-1 | 101 |
| # 5 % 5 % S | 4 | EXAMINER'S | MAME JO | hn S. Rog | ers. | M.D. | | ADDRESS | Silve | r Sp | ring. | Mon | taon | nerv | Count | y. MD |
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| | (| SPECIFY) | | | | | | | | | | Du | Ca | COUNTY | | STATE |
| 07/84 BP | 24 F | UNIAL DIREC | TOR | Mar. 26, 19 | 1 100 | олде ша | SHAN | gron | 25a. DATE | REC'D. BY | REGISTR. | AR 251-RI | Ger | AR'S SIG | arylar NATURE | <u></u> |
| DHMH - 17 (VR A15 ME (5)) | - | NAME | France | s J. Coll | ins, | Jr. | 11.1 | | MAR | 30 | 1987 | Juli | N | rider | Parlas | |
| (41. 7(2.112.13)) | 50 | unwe | ASITY BL | vd.,W. S | ulver | Spring | , Md | • | HICH | 00 | 1001 | -0 | - 104 | | - | |



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE CERTIFICATE OF DEATH REGISTRAR 1. DECEASED NAME 20. DATE OF DEATH MONTH 2h HOUR TYPE OR PRINTS Preston Charles Jumonville March 20,1987 1:00 Am 3 SEX 4 RACE 6. AGE (IN YEARS LAST BIRTHDAY) 5. DATE OF BIRTH IF UNDER I YEAR IF UNDER 24 HRS Dec. 18.1908 Male White To BIRTHPLACE ISTATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED COUNTRY) U.S.A. Montgomery La WIDOWED DIVORCED T 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12ª USUAL OCCUPATION 126 KIND OF BUSINESS OR Carriage Hill Nursing Home (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Bethesda G.S.A U.S. Govt USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 136 COUNTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS / ZIP CODE Wash, D. C 4515 Que Street, N. W none none YES K 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME FIRST LAST LAST Wilhelmina Jumonville Octave Soniat 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT LYES NO OR UNKNOWN) HE YES GIVE WAR OR DATES) unavailable Elmina M. Jumonville (Wife) same as 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c), PART I. DEATH WAS CAUSED BY Respiratory Arrest IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF 6 Mos. Metastatic Carcinoma Conditions, if ony, which gave rise to immediate cause (a), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse last. Carcinoma Of Urinary Bladder PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to DIVISION OF VITAL RECORDS. CERTIFICATION 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NOX NO [21a ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 19 21d INJURY OCCURRED 21e PLACE OF INJURY 21f LOCATION (AT HOME, STREET, FACTORY, OFFICE FARM, ETC.) CITY OR TOWN COUNTY STATE NOT WHILE Warch 20 220.1 certify that (1) (this hospital) attended the deceased from, saw the deceased alive an March 19 abave, (I) (we) (did) (did not) view the body after death and that in (my) (aur) apinion death occurred an the date and have and from the causes stated 226. SIONATURE DEGREE 22c. DATE SIGNED ATTENDING Should be deto with the State I PHYSICIAN DIRECTOR PHYSICIAN March; 20, 1987 MPORTANT 224 PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS Robert Choisser, M. D. 5530 Wisc. Ave. Chevy Chase Maryland 23a. BURIAL, CREMATION, REMOVAL 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (SPECIFY) BP. March 20'87 Metropolitan Crematory Alexandria, Virginia Cremation 25a DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE DHMH - 46 60M 7/84 DeVol Funeral Home 2222 Wisc Ave., NW Wash, D. C. (VRA 15, 4)

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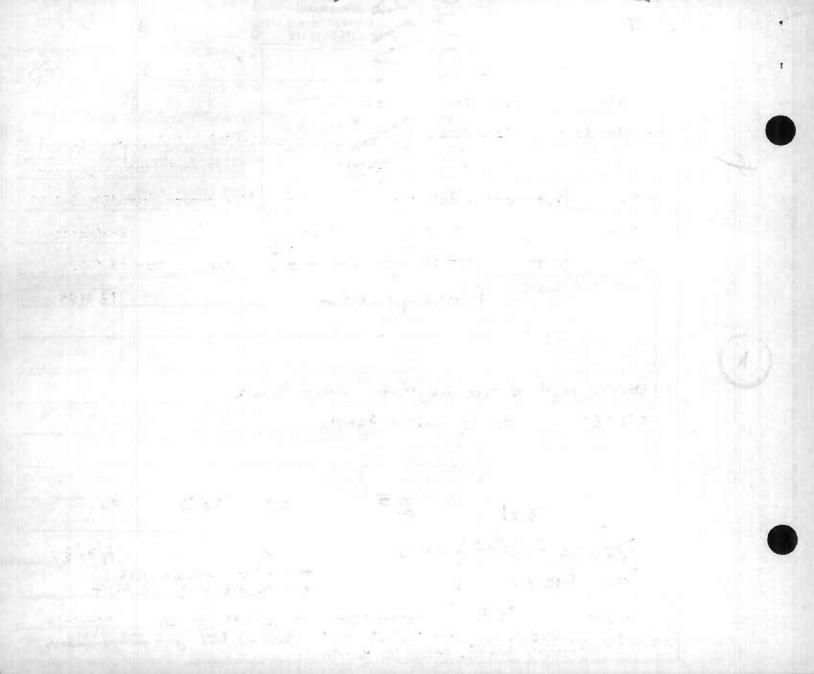
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| | death. Po | at orter. | 15 | 76 BIRTHPLACE COUNTRY) Pennsy | Ivania | U.S.A | WHAT COUNTRY | ? 8 MARRIE WIDOWE | D NEVER MA | ARRIED X | | - | County OF DE | | MD. |
| 10 | s offer by the to | led with | 28 | Silver | | (IF NOT IN SUC | HOSPITAL, NURS H FACILITY, GIVE STREE Cross Ho | T ADDRESS) | OR OTHER INSTIT | TUTION | | CCUPATION FOR MOST OF W | | STRY G | ovt. |
| ND 212 | filled in | and be | 35 | USUAL RESIDENCE 130 STATE Maryla | 13b CC | e OR OTHER INSTITUTION DUNTY | Kensin | WN | 13d. INSIDE CITY | Y LIMITS? | 13 • STREET A | poress / z McCon | P CODE | nue | 20895 |
| 200 | ately . | 2 sh | / | 14 FATHER'S NAM | | MIDDLE | TZAL | | 15. MOTHER'S A | | WE | MIDDLE | | | |
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| \$ | n and co | Pages | | NO WAS DECEAS | ED EVER IN U.S. | ARMED FORCES? GIVE WAR OR DATES) | 166 SOCIAL SEC | | 17. INFORMAN | | | | Baltim attsville | | |
| | D | office or reconstruction | | Conditions | | (d) | JAS A CONSEOU | 9 29 | i Com | Arr | rular. | Disec | | Lho | YE INTERVAL SET AND DEATH |
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| NI RECORDS | on. has bee | ene pridi | 2 | 190 DATE O | OPERATION | 196 CONDI | TION FOR WHIC | H OPERATIO | N WAS PERFORM | MED | 200 AUTO | PSY? 2 | OL IF YES, WER N CERTIFYING YES | CAUSES OF | S USED F DEATH? |
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| 0 | NO S | Healt is ma | | | | on Dow | e deceased from | | jar-cly | 19_ | | ohrna. | 1/ 4 | , tho | t (l) (we) lost |
| | ATTE | d tor | 70 | sow th above. | deceased alive | not) view the body | | | d that in (my) 🙀 | abinion o | death accurred | d on the date | | | |
| 0 | AL OR | detache ote Dep IT: If the | | 11/1 | Tan (| 142 | Muly | g a | DEGREE ATT | TENDING TYSICIAN | MEDICAL DIRECTOR [| STAFF PHYSICIAL | | 2// | 3 /87 |
| | O FUNER | with the St WITH THE ST WPORTAN | 1 | MOY | ton / | ALTS L | nuler, | up | 12 99 | - Lug | m 1321 | ig, | prime | 2091 | 25 |
| | T = T | s s <u><</u> | | 230. BURIAL, CREA | NATION, REMOV | | | | EMETERY OR CR | | 23d LOCA | TION | LOLA | TY | STATE |
| | BP | | | В | urial | 03/09/ | | | ton Nati | | | | | | aryland |
| 1 | DHMH - 16 | 60M 7/ | 84 | | | s Sons Fu | | | | 250 DATE | REC'D. BY RE | GISTRAR 256 | REGISTRARIS | SIGNATUS | ndaes |
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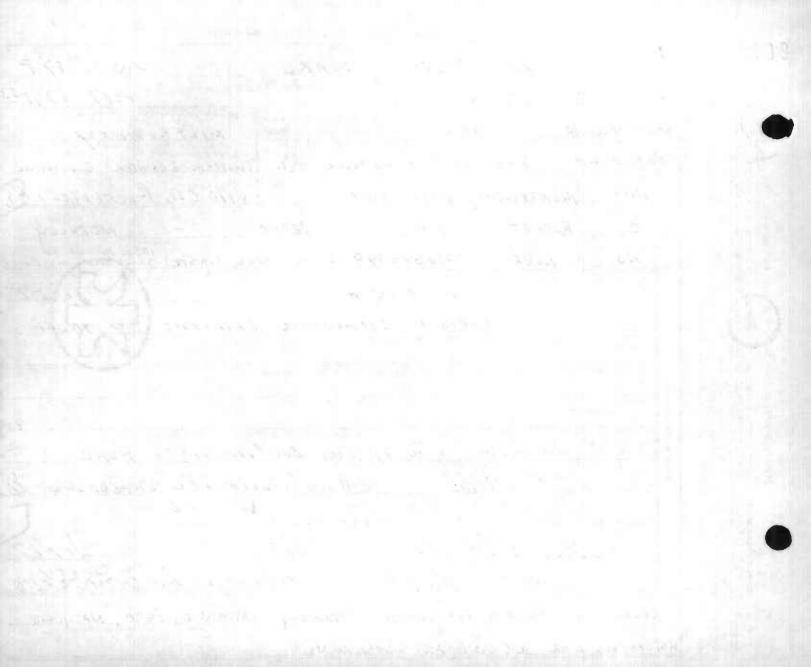
STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

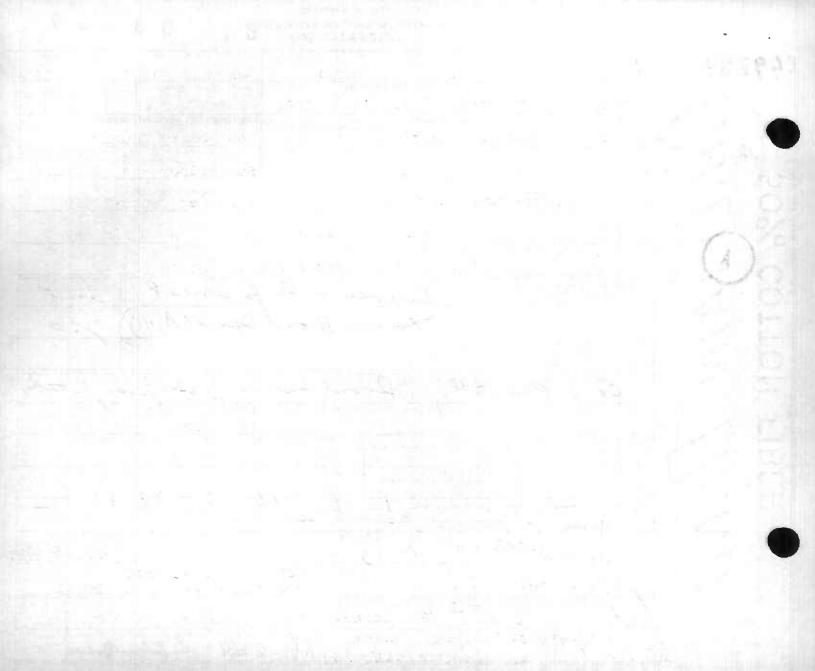
FOR



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE REGISTRAR DECEASED NAME 20 DATE KNOWN (STYPE OR PRINT) OF ESTI-HOURS STREET, DEATH MATED WILLIAM 19 3 SEX DATE OF BIRTH 2d HOUR IF UNDER 24 HRS DATE MONTH LAST BIRTHDAY PRONOUNCED 31 DEAD To BIRTHPLACE (STATE OR A. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY! SOUTH CAROUNA WIDOWED DIVORCED 11 NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 126 KIND OF BUSINESS OR INDUSTRY BETHESOM ENGINEER ELECTRICAL USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION 13a STATE 13b COUNTY 13c CITY OR TOWN 13d. INSIDE CLTY LIMITS? BORGETOWN 14 FATHER'S NAME MIDDLE EIRST FIRST MIDDLE MERKLEY 16n WAS DECEASED EVER 10300 MAGLEE RD TYES NO OR UNKNOWNS C. ROBERT KARL NO SILVER SPRING, MD. 20903 18 CAUSE OF DEATH (Enter only one cause per line for (a), PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) F MEDICAL EX TRANSIT PER ED AS A BURIAL - TRANSIT PER HEALTH AND MENTAL HYGIEI IL, CREMATION, OR REMOVA! DUE TO, OR AS A YCHRISTRIS PROBLEM Conditions, if ony, which gave rise to immediate couse (o) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10 CERTIFICATION 19a DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? JATE, THIS CERTIFICATE SHOU CATE, WRITING THE WORD ' FORWARDED TO THE CHIE OR: PAGE 3 SHOULD BE USE OR: PAGE 3 SHOULD BE USE ND, 21201 PRIOR TO BERNAL OF YES [210 EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY UNDERLYING FOR CONTRIBUTING CAUSE OF DEATH TIE PLACE OF INTURY 21f. LOCATION AT WORK AT MOT WHILE STREED FACTORY, FARM, ETC.) PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PA AFTER DEATH, WITH THE STA BAÇTIMORE, MARYLAND, 2 22a I certify that I took charge of the remains described above, held an Autopsy and in my opinion Suicide / TITLE ISPECIF EXAMINER'S NAME TYPE OR PRINT) 23a. BURIAL, CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATOR CREMATION 07/84 25M 24 FUNERAL DIRECTOR 256 REGISTRAR'S SIGNATURE **DHMH - 17** (VR A15 ME (5)) 8655 GEDRGIA AVE. SINDR SPRING. M



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG NO L DECEASED NAME LAST 20. DATE OF DEATH MONTH 26 HOUR Matthew A. Keenan March 29, 1987 7 . 30 AM 6 AGE (IN YEARS LAST BIRTHDAY) 3 SEX 4 RACE 5. DATE OF BIRTH Male Caucasian April 1900 To BIRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED X NEVER MARRIED New York United States | WIDOWED | Montgomery County DIVORCED [ID CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 126 KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRIPATTMENT Rockville Dundee Court Supervisor Complex USUAL RESIDENCE HE NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONI 136 COUNTY 113c CITY OR TOWN 13e.STREET ADDRESS / ZIP CODE 13d. INSIDE CITY LIMITS? Maryland Montgomery Rockville 1 Dundee Court/20850 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME John MIDDLE LAST Keenan Rose Lindsey ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? NO OR UNKNOWN 166 SOCIAL SECURITY NO. 17 INFORMANT LIE YES GIVE WAR OR DATEST h97-03-5632 Julia Keenan, same as APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one couse per fine for (o), (b) one PART I. DEATH WAS CAUSED BY: Conditions, if ony, which gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH OUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 198 DATE OF OPER TION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 206. IF YES, WERE FINDINGS LISED 200 AUTOPSY IN CERTIFYING CAUSES OF DEATH? NOX 710. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 21d. INJURY OCCURRED 71e. PLACE OF INJURY 211 LOCATION COUNTY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN NOT WHILE 22a.1 certify that (1) this hospital) attended the deceased from saw the deceased olive on above, I (we) (did not view to and that in (my) (pur) opinion death occurred on the date and hour and from the causes stated 22b. SIGNAT DEGREE 22c DATE SIGNED ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN Mar.30,1987 224 PHYSICIAN'S NAME (1996 DEPONT) 22e ADDRESS 809 Viers Mill Road John S. Saia, M.D. Rockville, Maryland 20851 230 BURAL, CREMATION, REMOVAL 23b. DATApril 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION STATE St. Michael's Cem. 1, 1987 Queens, New York 74 FUNERAL DIRECT ROBert A. Pumphrey Funeral Home 100 DATE REC'D. BY REGISTRAR'S SIGNATURE DHMH - 16 60M 7/84 (VRA 15, 4) 300 West Montgomery Ave. Rockville, MD AH



STATE OF MARYLAND ARTMENT OF HEALTH AND MENTAL HYGIENE REGISTRAR REG. NO 1. DECEASED NAME HELEN KEITH 20. DATE KNOWN DO MONTH (TYPE OR PRINT) H IF ANY DELAYIS NEGESSARY, PLEASE , AND 3 TO THE FUNERAL DIRECTOR. I. RETAIN PAGE 5, FOR YOUR FILES. SHOULD BE FILED WITHIN 72 HOURS. OF ESTI-SEX 5. DATE OF BIRTH & AGE (IN YEARS IF UNDER 1 YR DATE IF UNDER 24 HRS PRONOUNCED DEAD TO BIRTHPLACE (STATE OR 76 CITIZEN OF 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED USA Washington, DC WIDOWED A DIVORCED 0 10 CITY OR TOWN OF DEATH 176 KIND OF BUSINESS 11 NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION FOR MOST OF WORKING LIFE OR INDUSTRY Homemaker own home SUAL RESIDENCE 30. STATE 134. INSIDE CITY LIMITS? 10 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDOLE Earl E. Florence E. Carr Rhodes WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT ADDRESS 10549 166. SOCIAL SECURITY NO (son) (YES, NO, OR UNKNOWN) N/A Twin Rivers Rd. Edmund J. Keith, 111 Columbia, Md. N/A 578 07 1073 APPROXIMATE INTERVAL CAUSE OF DEATH (Enter only one couse per line for (o), (b), po(c).) BETWEEN ONSET AND DEATH DIVISION OF VITAL RECORDS, 201 W. PRESTON ST PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF BURIAL-TRANS Conditions, if ony, which ALTH AND MENTAL CREMATION, OR RE gove rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (0) ED AS A E CERTIFICATION USED AS 20 AUTOPSY? E CHIEF BE USED BURIAL 40 YES TO MEDICAL EXAMINER: THIS CERTIFICATE SI EXECUTE THE CERTIFICATE, WRITING THE WO PAGE 4 SHOULD BE FORWARDED TO THE C TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE AFIER DEATH, WITH THE STATE DEPARTMENT BATTUMORE, MARKLAMD, 21201 PRIOR TO BID 214 HOW INJURY OCCURRED, LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) OR HOUR A.M. MONTH DAY UNDERLYING CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME. 211 LOCATION STREET, FACTORY, FARM, ETC.) WHILE AT WORK 220 I certify that I took charge of the remains described above, held on Autopsy Inspection ond in my opinion death resulted from: Notural causes Accident Homicide Undetermined monner TITLE (SPECIFY) **ACTUAL** DATE MEN VOR 2019 SIGNATURE MEDICAL EXAMINER EXAMPLES DISME 1919 Seminary Rd. S.S. Md. TYPE OR BRINT John S. Rogers. DME ADDRESS 230 BURIAL CREMATION, REMOVAL 236. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION Buria] 3 - 23 - 1987Silver Spring Gate of Heaven Cemetery Montg. 07/84 Md. 25M A FUNERALDIRECTOR HINES Homes 11800 N.H. Ave., Sil. Spr. Md. **DHMH - 17** (VR A15 ME (5))



DHMH - 16 60M 7/84 (VRA 15, 4)

STATE OF MARYLAND

COUNTY

C. DATE SIGNED

STATE

20 DATE OF DEATH MONTH DAY

| | MARCH 1 1987 | | | 9:5 | Δ | |
|---|----------------------------------|---------|--------|-----------------|------|--|
| 1 | 6. AGE IN YEARS LAST BIRTHDAY) | IF UNDE | RIYEAR | IF UNDER 24 HRS | | |
| | 56 YRS. | MONTHS | DAYS | HOURS | MIN. | |
| | 9. BALTIMORE CITY OR COUNT | Y OF DE | ATH | | | |

12b. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY U.S.NAVY

129 PEPPERCORN PLACE 21037 LAST

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110

20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES I

21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

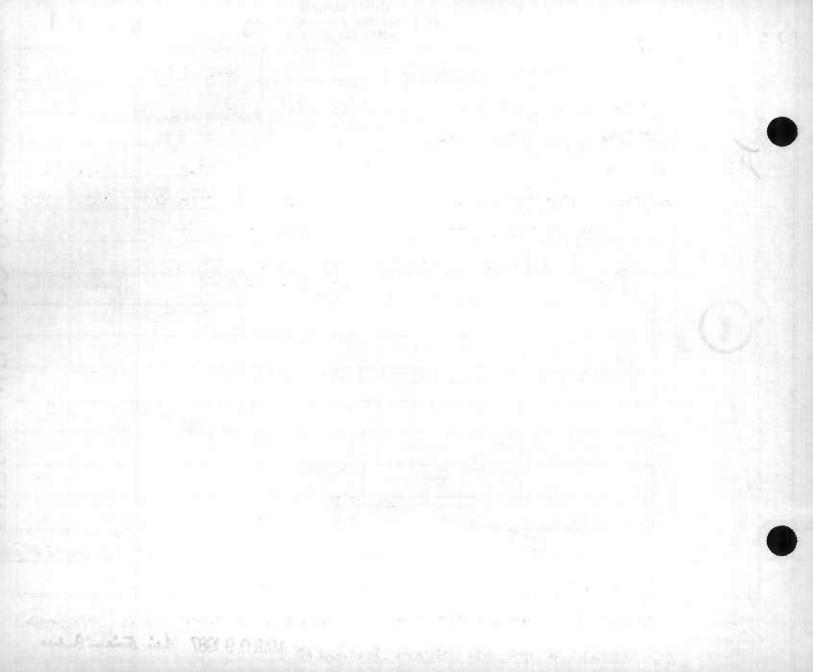
87 , and that in (my) (aur) apinian death occurred on the date and haur and from the causes stated

R. M. KEATING, LT, MC, USNR

BETHESDA, MD 20814-5011 23d LOCATION 23a. BURIAL, CREMATION, REMOVAL 231 NAME OF CEMETERY OR CREMATORY CHAMBERS

236 DATE (SPECIFY) CREMATION MARCH 3, 198 RWERDALE

250 DATE REC'D. BY REGISTRAR 25 REGISTRAR SIGN 24 FUNERAL DIRECTOR Bulia Davido W. W. CHAMBERS CO. INC. 8655 GEORGIA ANE, SIWER SPENE MO



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE -STATE REGISTRAR DECEASED NAME FIRST Philip John LAST Kellev 20. DATE KNOWN HINOM OF ESTI-4 RACE DATE OF BIRTH 6 AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS DATE LAST BIRTHDAY PRONOUNCED 28 87 65 YRS 21 76 CITIZEN OF WHAT COUNTRY? TO BIRTHPLACE (STATE OR 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED England United Kingdom WIDOWED DIVORCED O. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION Bethesda Real Estate Broker Real Estate Suburban Hospital USUAL RESIDENCE (IF IN NUMBER OF OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) LUL CUNTY 13d. INSIDE CITY LIMITS? 3752 Jocelyn St. N. Washington, DC 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME Jeannette Munton Harold Kelley Charles John 17. INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO 173 Riverside Drive New York, N. Y. 10024 (YES, NO, OR UNKNOWN) 578-66-7668 Linda Kurfess 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c),) APPROXIMATE INTERVAL IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF Left chest lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10 CERTIFICATION 19g. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES NO T 21g EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) UNDERLYING ICE CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY 211 LOCATION (AT HOME PAGE 4 SHOULD BE TOWNED TO FUNERAL DIRECTOR: PAGE 3
AFTER DEATH, WITH THE STATE OF BALTIMORE, MARMAND, 21201 P NOT WHILE AT WORK AT WORK 220. I certify that I took charge of the remains described above, held an Autopsy Inspection Suicide Hamicide Undetermined manner TITLE (SPECIFY ACTUAL SIGNATURE EXAMINER'S NAME CICONSIN (TYPE OR PRINT 230. BURIAL, CREMATION, REMOVAL 23b. DATE 3/30/87 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION Alexandria Mt. Comfort Crematory 5130 Wisc. Ave. N. W. 250. DAJE BEOD. BY REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR Joseph Gawler's Sons Washington, D. C. 20016 (VR A15 ME (5))

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4/9

250 DATE REC'D BY REGISTRAR 256 REGISTRAR'S SIGNATURE

Hines/Rinaldi 11800 New Hamp. Ave.S.S.Md.

DHMH - 16 60M 7/84 (VRA 15, 4)



STATE OF MARYLAND 1 - STATE

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

| | | REGISTRAR | | | CERTIF | ICATE OF DEATH | REG. NO | D. | | | |
|-----|---------------|--|-----------------------|-----------------------------------|-------------|-------------------------------|--------------------------|-------------|-----------------|--------------------|--|
| 1 | | EASED NAME FIRST | MIE | DUE | (| AST | 2a DATE OF DEATH | HINOM | DAY YEAR | 26 HOUR | |
| 6 | CA Abe | GRPRINT) MA | RGARET JAN | NE KEPLI | ER | | MARCH 11 | 1987 | | 10:30 A | |
| 1 | 3. SEX | | 4. RACE | | 5. DATE C | | 6 AGE (IN YEARS LAST BIR | | IF UNDER I YEAR | IF UNDER 24 HRS | |
| 1 | I | FEMALE | CAUCASIA | AN | NOV | EMBER 12 1919 | 67 | YRS | MONTHS DAYS | HOURS MIN, | |
| | | RTHPLACE (STATE OR FOREIGN | 76 CITIZEN OF W | HAT COUNTRY? | 8 | D NEVER MARRIED | 9. BALTIMORE CITY O | R COUNT | Y OF DEATH | | |
| | | LORADO | UNITED | STATES | WIDOWE | | MONTGOMER | Y | | MD. | |
| 7 | - | TY OR TOWN OF DEATH | 11. NAME OF HO | SPITAL, NURSI | NG HOME C | OR OTHER INSTITUTION | 120 USUAL OCCUPATI | ON | | F BUSINESS OR | |
| | 200 | BETHESDA | 1 | NAVAL HO | SPITA | L | X-RAY T | | | DICAL | |
| 4 | 13a. S | AL RESIDENCE (IF NURSING HOME STATE 13b. CO | | VE RESIDENCE BEFOR | | 13d INSIDE CITY LIMITS? | 13.STREET ADDRESS | ZIP CODI | E | | |
| 4 | MAF | RYLAND MO | NTGOMERY | BETHE | ESDA | YES NO X | 5935 ANNI | STON | ROAD | 20817 | |
| 'n | 14 FA | THER'S NAME | WIDDLE | LAST | | 15 MOTHER'S MAIDEN NA | WE | | LAS | ST | |
| vei | | HAROLD J | AY RYAN | | | JESS | MS | | | | |
| | | VAS DECEASED EVER IN U.S. | ARMED FORCES? 1 | 6b. SOCIAL SEC | URITY NO. | 17. INFORMANT | ADDRE | SS | - 11 70 | | |
| | 11 | | 4-1946 | 523-10- | -9667 | DOROTHY JOYC | E,5935 ANNI | STON | ROAD, BE | THESDA, MI | |
| i | | 18 CAUSE OF DEATH (Enter | APPROX 8ETWEEN | IMATE INTERVAL ONSET AND DEATH | | | | | | | |
| | | PART I. DEATH WAS CAU | | | | | | | | | |
| | | IMMEDIATE CAUSE (0) RESPIRATORY FAILURE | | | | | | | | | |
| | | DUE TO, OR AS A CONSEQUENCE OF | | | | | | | | | |
| | | Conditions, if ony, which (b) | | | | | | | | | |
| | | couse (o), stating the underlying couse lost. | | | | | | | | | |
| | 100 | | | | | | | | | | |
| | z | PART 2. OTHER SIGNIFICAN | II CONDITIONS CON | ITRIBUTING TO | DEATH BUT | NOT RELATED TO THE TERM | MINAL DISEASE OR CON | DITION GIV | VEN IN PART 11 | a · | |
| - | CERTIFICATION | 19g. DATE OF OPERATION | 19h CONDITI | ON FOR WHICH | OPERATIO | N WAS PERFORMED | 20g AUTOPSY? | 120b. IF YE | S. WERE FINDI | NGS USED | |
| L | E S | | | | | | YES NO NO | | FYING CAUSES | OF DEATH? | |
| - | ERT | 21a. ACCIDENT WAS UNDERLYING | 21b. TIME OF INJURY | | | 21c. HOW INJURY OCCUR | | | | | |
| 7 | | OR CONTRIBUTING CAUSE OF | DEATH HOUR A.M | MONTH D | | | (EMEK MATORE OF MOO | | ART OR PART E | | |
| | MEDICAL | (IF EITHER NOTIFY MEDICAL EXAMI | | | 19 | 21f LOCATION | | | | | |
| | MED | 21d. INJURY OCCURRED WHILE NOT WHILE | (AT HOME, STREE | T, FACTORY, OFFICE. | FARM, ETC) | STREET | CITY OR TO | WN | COUNTY | STATE | |
| | 54 | AT WORK | | | 111111 | | V C Davon | | 07 | | |
| | | 22a.1 certify that (1) (this ha | | | MARC | , 1/ | , to MARCH | 11 | | that (1) (we) lost | |
| | | saw the deceosed olive obove, (1) (we) (did) (djd | not) view the body at | ter death. | , 01 | nd that in (my) (our) opinion | deoth occurred on the de | ote and hou | ond from the | couses stated | |
| | | THE PORTURE // | 111411 | | | DEGREE | NEGICA: CTAI | | 22c DATE | SIGNED | |
| | | 9.11.00 | mu | MD | | ATTENDING PHYSICIAN [| MEDICAL STAI | | Myur | 1121981 | |
| | | 224 THI SICIAN'S NAME (TY | PE OR PRINT) | | | 22e ADDRESS NAVA | L HOSPITAL | | 50.710 | , | |
| | | J. M. GUINE | E, LT, MC | , USNR | | BETH | 011 | | | | |
| | | BURIAL, CREMATION, REMOV | | | NAME OF C | EMETERY OR CREMATORY | 23d LOCATION | | COUNTY | STATE | |
| | 1 | CREMATION | 3-16-19 | 987 | CHAMBE | RS CREMATORY | RIVERDA | LE. | P.G.C. | | |

DHMH - 16 60M 7/84 (VRA 15, 4)

TO FUNERAL DIRECTOR:

should be detached for use as the burial-transit permit. Then please remove carban papers: with the State Dept of Health and Mental Hygiene prior to burial, cremation, or removal.

OR ATTENDING PHYSICIAN: The

HOSPITAL 0

BP

MPORTANT: If Hem 21 is morked or Hem 18 shows any

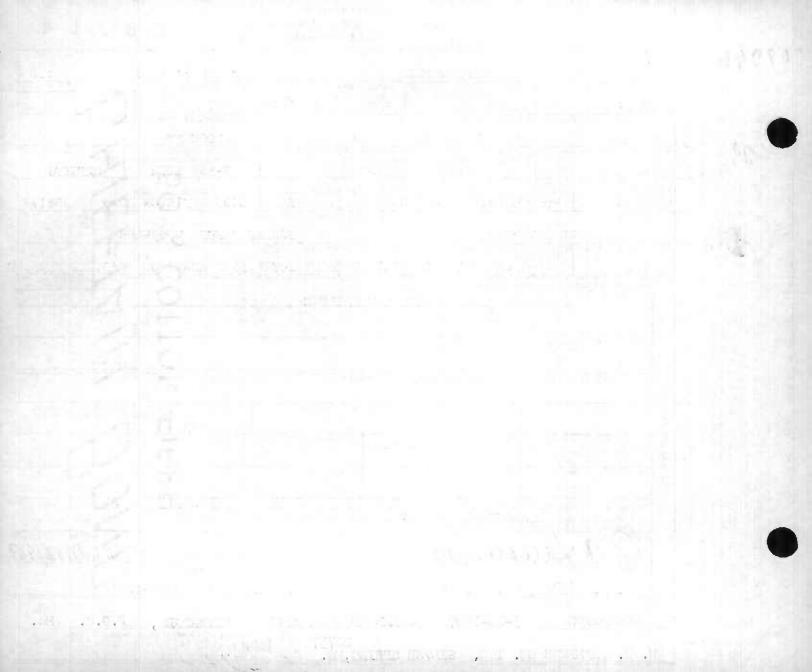
24 FUNERAL DIRECTOR

injury, or other troumatic event, the

SILVER SPRING, Md. W. W. CHAMBERS CO. INC.

Md.

ORY RIVERDALE P.G.C. MAN



STATE OF MARYLAND

| 20 | 1- | STATE REGISTRAR | | | DEPART | | ICATE OF DEATH | REG. N | 0 | 8 / | 1 3 | |
|------------------|---------------|--|---|-----------------------------------|--|-------------|--|--------------------------|-------------------|-------------------|-------------------------|--|
| au | | CEASED NAME | FIRST | | AIDDLE | | AST | 20. DATE OF DEATH | MONTH | DAY YEAR | 26 HOUR | |
| | (TIPE | T CRPRINT) | R. MI | ILTON | | KE | RN | MARCH | 12 | 1987 | 2:00 A | |
| | 3. SEX | | | 4 RACE | | 5. DATE C | | 6 AGE (IN YEARS LAST BE | (YAGHTA | IF UNDER I YEAR | IF UNDER 24 HRS | |
| _ | | MALE | | WHITE | E | JÄNU | IARY 12, 1925 | 62 | YRS. | MONTHS DAYS | HOURS MIN. | |
| 4 | | NEW YORK | OREIGN | | WHAT COUNTRY? | 8 MARRIE | D NEVER MARRIED | 9 BALTIMORE CITY | OR COUNT | Y OF DEATH | | |
| 1 | | | | u. s. | | WIDOWI | | MONTGOME | | | MD | |
| 0 | | ROCKVILLE | 150 | (F 901 13 SUC | JUBAL E | ARLY | COURT | 120 RESEARCH CHEMIST | ION OF WORKING | LIFE) INDUSTRY | GON'T | |
| 5 | 13a. S | MARY LAND | DISK COLI | | GIVE RESIDENCE BEFORE 13t. CITY OR TOW ROCKVIL | N | 134 INSIDE CITY LIMITS? | 13e STREET ADDRESS | ZIP COL | DE 20854 | | |
| 1 | | ATHER'S NAME | | MIDDLE | LAST | | 15 MOTHER'S MAIDEN NA. | | | | | |
| 1 | | JACOB ST | | MIDDLE | KERN | | FANNY | WIDDLE | | KRAMF | | |
| | 160 V | WAS DECEASED EVER YES NO OR UNKNOWN) YES | (IF YES GI | RMED FORCES? VE WAR OR DATES) TT | 166. SOCIAL SECU 087-18-7 | | 17 INFORMANT ESTELLE KE | RN 11900 DR | | EARLY C | OURT | |
| | | 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c)) | | | | | | | | | | |
| | | PART I. DEATH W | AS CAUSE | | LUN | | CANCER | 2 | | BETWEEN | BETWEEN ONSET AND DEATH | |
| | | DUE TO, OR AS A CONSEQUENCE OF | | | | | | | | | | |
| ٠ | | Conditions, if any, | | (b)_ | | | | | | | | |
| | | gave rise to imm couse (0), statin | g the | DUE TO, OF | R AS A CONSEQUE | NCE OF | | | | | | |
| | | underlying cause last (c) | | | | | | | | | | |
| | z | PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 DIAGRAMS MYOCARDIA INCARCORDIA | | | | | | | | | | |
| _ | TIO | D/ | 1406 | JES, | M70 CA | 77 | | 200 AUTOPSY? | | ES. WERE FINDIN | 100 11000 | |
| 7 | CERTIFICATION | 190 DATE OF OPERATION 196 COND | | | HON FOR WHICH | OFERATIO | IN WAS PERFORMED | | IN CERT | IFYING CAUSES | OF DEATH? | |
| × _{vol} | ERT | 21g. ACCIDENT WAS UNE | DERLYING [| 216. TIME O | FINJURY | | 21c. HOW INJURY OCCUR | YES NOTER NATURE OF INIT | | PART I OR PART 21 | NO 🗌 | |
| 3 | | OR CONTRIBUTING | | AIR | M. MONTH DA | Y YEAR | | | | | | |
| 1 | EDICAL | | IF EITHER NOTIFY MEDICAL EXAMINER) P.M. INJURY OCCURRED 216 PLACE OF INJURY | | | | 21f LOCATION | | | | STATE | |
| | ME | WHILE NOT WHILE AT WORK AT WORK | | | | | | | | | | |
| | | 22a L certify that (1) | | 7 | deceased from_ | 87 | JAN 19 80 | 2_, to_MAK | SH | | that the (we) last | |
| | | | ed plive or did) (did no | ot) view the body | ofter death. | | nd that in (my) (our) opinian | death occurred on the c | late and ha | out and from the | couses stated | |
| | | 22b. SIGNATURE | . 10 | 0 | 11 | | DEGREE ATTENDING | . MEDICAL STA | FF | 22c. DATE | | |
| | | 22d. PHYSICIAN'S NA | AME CIVER | 11000 | nll | | PHYSICIAN | DIRECTOR PHYSI | CIAN | 1-11 | 2/87 | |
| | | DANI | Es " | | NBLUR | n | 1070 | USINGTO. | | | 20895 | |
| | | 1 -1-1 | / | 1 | . 2001 | 1 | 101 | ~ ~ ~ G J U | ~ / | | 00 71 | |

230 BURIAL CREMATION, CREMATION

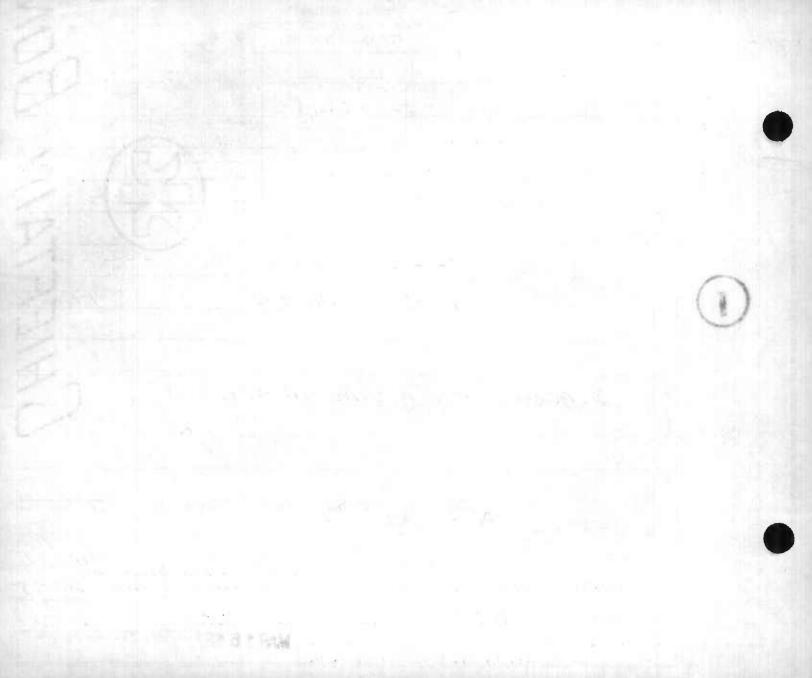
3/12/1987

23c. NAME OF CEMETERY OR CREMATORY
METROPOLITAN CREMATORY

KENSINGTON, MD

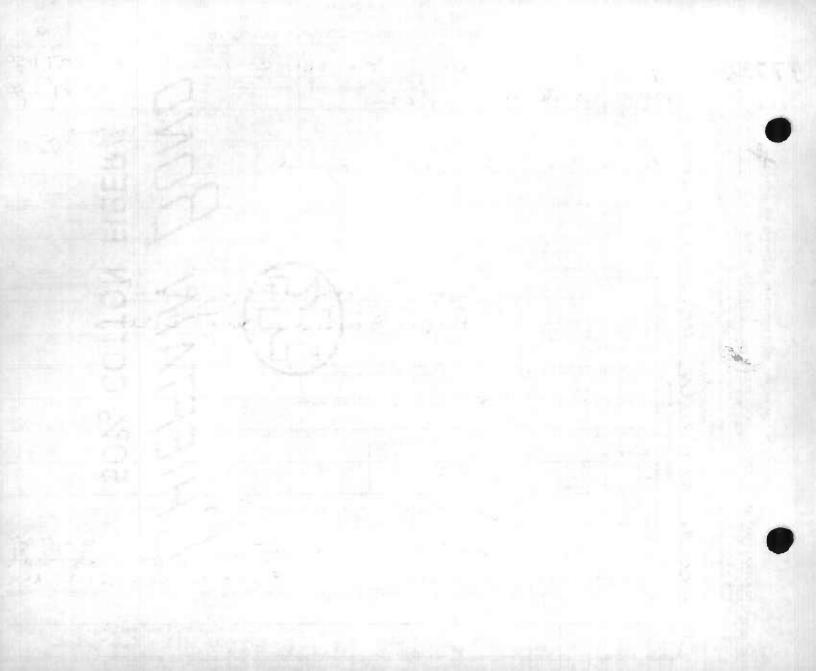
DHMH - 16 60M 7/84 (VRA 15, 4)

24 DONALDEAR STEIN HEBREW MEMORIAL FUNERAL HOME 232 CARROLL STREET. N. W., WASHINGTON, D. C.



DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR I. DECEASED NAME 20. DATE KNOWN William Kershner Leo (TYPE OR PRINT) ESTI-KEYSHNER DEATH MATED 20 6. AGE (IN YEARS | IF UNDER 1 YR. 4 RACE 5 DATE OF BIRTH IF UNDER 24 HRS 2c. DATE YEAR LAST BIRTHDAY PRONOUNCED DEAD 6 ZYRS 9. BALTIMORE CITY OR COUNTY OF DEATH To BIRTHPLACE (STATE OR MARRIED X NEVER MARRIED FOREIGN COUNTRY New York United States WIDOWED DIVORCED IN CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION Optometrist Self-employed SUAL RESIDENCE (IF IN HURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 1136. COUNTY 3a. STATE 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e. STREET ADDRESS 5401 Westbard Avenue / 20816 Bethesda YES X NO T Montgomery Maryland 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE LAST (Unavailable) Kershner Gertrude Gabriel 16g WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17. INFORMANT ADDRESS I CIF YES. GIVE WAR OR DATEST WW II 081-18-9178 Miriam Kershner, Same as 13 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES NO X 21g. EXTERNAL CAUSE WAS 21b TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 21 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME. 211. LOCATION STREET, FACTORY, FARM, ETC.1 STREET CITY OR TOWN COUNTY STATE WHILE NOT WHILE 22a. I certify that I took charge of the remains described above, held an Autopsy Inspection and in my apinian death resulted fram: Natural causes Hamicide Undetermined manner TITLE (SPECIFY SIGNATURE EXAMINER'S NAME WISKODSIN (TYPE OR PRINT) 230 BURIAL, CREMATION, REMOVAL 236 DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION 3-17-87 Cremation Metropolitan Crematory Alexandria, Virginia 07/B4 24 FUNERAL DIRECTOR Richard Rapp. Inc. DHMH - 17 en Dandun Fan 20009 1804 T Street, NW, Washington, DC (VR A15 ME (5)

STATE OF MARYLAND





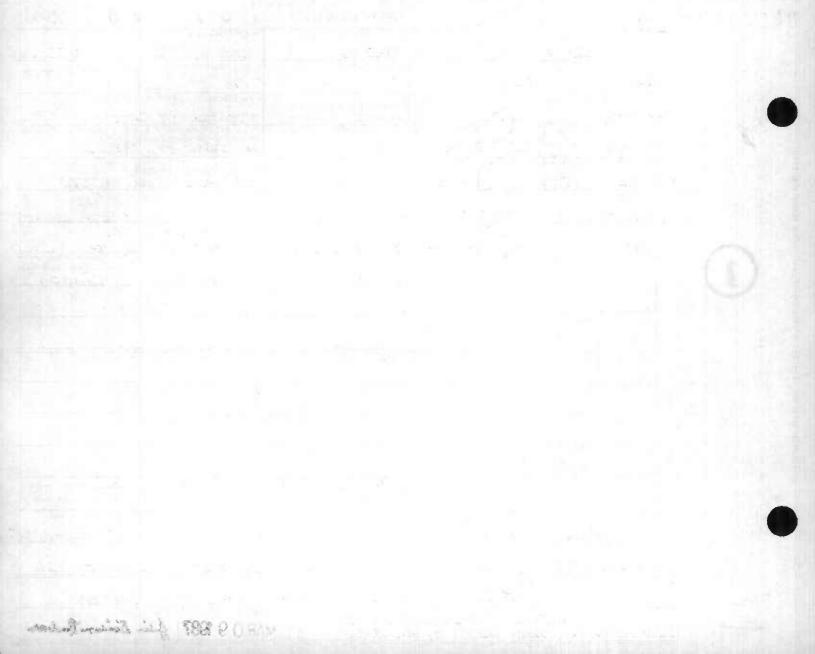
all addressing While is also were 245 7110-512 314 50 - 12 The A The State of the Sta 3/25/87

DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 20 DATE OF DEATH LOECEASED NAME Thomas Dorr Kittelton MONTH 26 HOUR (TYPE OR PRINT) 20 homas dec 3 SEX 4 RACE 5 DATE OF BIRTH AGE (IN YEARS LAST BIRTHDAY) IE INDER 1 YEAR UNDER 24 HRS YEAR DAYS White ale TO BIRTHPLACE STATE OR FOREIGN BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED X United States Maryland ONTOOMERY County MD. Not applicable JSUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIG 13e STREET ADDRESS Maryland Montgomery Gaithersburg 126 Duvall Lane, #101 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE MIDDLE Thomas Kittelton. Dorr Magruder Regina Lee BALTIMORE. 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT Baltimore Rd (YES, NO OR UNKNOWN) LIFYES GIVE WAR OR DATES 215-13-9662 Rockville, MD 20853 Virginia L. Magruder, 18 CAUSE OF DEATH Enter only one cause per line for ia , (b , and ic PART I. DEATH WAS CAUSED BY STEN GLIDMA PRESTON ST. IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate cause a), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? 1310854 TUMUN NO YES 🕡 NO F 210. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 21e. PLACE OF INJURY 21f LOCATION 21d INJURY OCCURRED AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY STATE NOT WHILE 220.1 certify that (1) (this hospital) attended the deceased from sow the deceosed olive on. and that in (my) (our) apinion death occurred on the date and haur and from the causes stated abave, (1) (we) (did (did nat) view the body ofter death DEGREE 22c DATE SIGNED ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS GIBBON 230. BURIAL, CREMATION, REMOVAL 73h DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (SPECIFY) 4-1-87 Parklawn Memorial Park Rockville, Buria 24 FUNERAL DIRECTOR Richard Rapp. DHMH - 16 60M 1/75 (VRA 15 (4)) 1804 T Street, NW. Washington. DC 20009

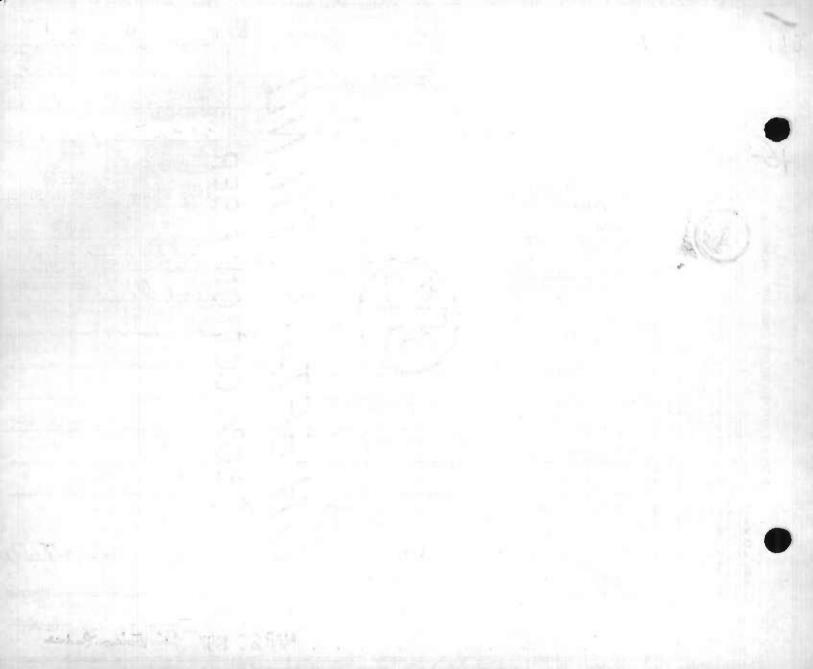
STATE OF MARYLAND

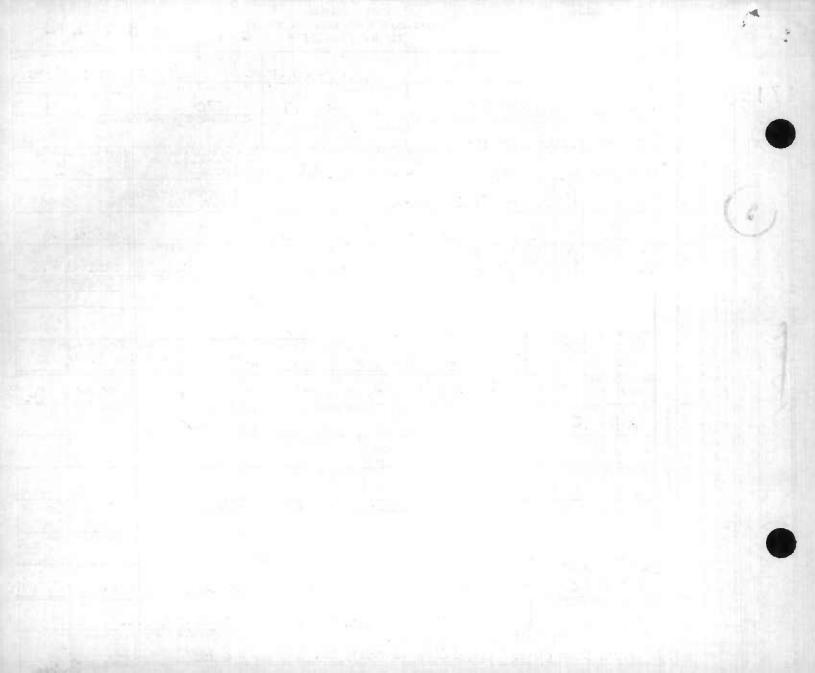
| 3 SEX FEMALE White White Way 28, 1912 74 A GO THE REPORT OF BIRTH WAS CAUSE OF WHAT COUNTRY BE ARRED TO THE REPORT OF BUSINESS OF THE REPORT OF BUSINESS OF THE REPORT OF | 046794 MAR | FOR STATE REGISTRAR | DEPARTA | TENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH | SIENE 8 REG. NO. 0 | 8 / 2 0 |
|--|---|--|--|---|--|----------------------------|
| SYLVIA KOENIG March 4, 1987 6:15a. 3: SEX Female White Month May 28, 1912 74 Whom York U.S.A. Widowed Marked Diver Marking Diver Mar | . 0 1 0 1 1111 | | WIDDLE | LAST | 20. DATE OF DEATH MONTH DA | Y YEAR 26 HOUR |
| Female White May 28, 1912 74 YRS Female White May 28, 1912 75. BIRTHPLACE (STATE OR FOREIGN New York U.S.A. WIDOWED MARRIED NEVER MARRIED NEVER MARRIED MONTGOMERY COUNTY OF DEATH WIDOWED MONTGOMERY MONTHS DATS HOURS MIN. 10. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED NEVER MARRIED MONTGOMERY MONTGOMERY MONTHS DATS HOURS MIN. 10. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED NEVER MARRIED MONTGOMERY MONTGOMERY MONTHS DATS HOURS MIN. 10. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED NEVER MARRIED MONTGOMERY MONTGOMERY MONTHS DATS HOURS MIN. 10. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED NEVER MARRIED MONTGOMERY MONTGOMERY MONTGOMERY MONTHS DATS HOURS MIN. 10. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED NEVER MARRIED MONTGOMERY MONTGOMERY MONTHS DATS HOURS MIN. 10. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED NEVER MARRIED MONTGOMERY MONTGOMERY MONTHS DATS HOURS MIN. 10. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED NEVER MARRIED MONTGOMERY MONT | y be ge 3 death | | | KOENIG | March 4, 1987 | 6:15a. M |
| Female White May 28, 1912 74 YRS 76. BIRTHPLACE (STATE OR FOREIGN COUNTRY) New York U.S.A. WIDOWED M DIVORCED MONTGOMERY COUNTY OF DEATH WIDOWED M DIVORCED MONTGOMERY COUNTY, M 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12. USUAL OCCUPATION (I NOTIN) SUCH FACILITY, GIVE STREET ADDRESS) 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12. USUAL OCCUPATION (I NOTIN) SUCH FACILITY, GIVE STREET ADDRESS) 12. USUAL OCCUPATION (I NOTIN) SUCH FACILITY, GIVE STREET ADDRESS) | no de la | | | | | |
| MARRIED NEVER MARRIED MONTGOMERY COUNTY, MONTGOMERY | ge 4 | Female | White | May 28, 1912 | 7/ | TOOKS MIN. |
| New York U.S.A. WIDOWED MONTCED MONTGOMERY COUNTY, | | | 76 CITIZEN OF WHAT COUNTRY? | MAPPIED NEVER MARRIED | 9. BALTIMORE CITY OR COUNTY C | OF DEATH |
| 10 NOTIN SUCH FACILITY OVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORK FOR WORK | Secoth Secoth | New York | U.S.A. | | Montgomery Co | unty, MD. |
| USUAL RESIDENCE (IF NUMBNOR 69ML OR OTHER INSTITUTION ON RESIDENCE BEFORE ADMISSION) 138. STATE 138. COLVEY TO TOWN OCCURRENTIAN 138. COLVEY TO TOWN OCCURRENTIAN OC | by the filed with | Germantown | 19324 Ridgecres | t Drive | (TYPE OF WORK FOR MOST OF WORKING LIFE) | INDUSTRY |
| New York Nassau Oceanside YES X NO 491 Merrick Road (11572) 15 Mother's Malben Name 15 Mother's Malben Name 15 Mother's Malben Name 16 Mother's Malben Name 16 Mother's Malben Name 16 Mother's Malben Name 18 M | 212 | USUAL RESIDENCE (IF NURSING HOME OF | ROTHER INSTITUTION GIVE RESIDENCE BEFORE | | 13. STREET ADDRESS / ZIP CODE | 99000 |
| THE PART I DEATH WAS CAUSED BY: Approximate interest and provided by the part of the pa | AND AND | New York Nass | | e YES₺ NO□ | 491 Merrick Road | (11572) |
| Harry Silverman Bessie (Unobtainable Control of the | within within d 2 st | | MIDDLE LAST | | | LAST |
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| sow the deceased alive an 3/4 19 7 and that in (my) (aur) apinian death accurred on the date and hour and from the causes stated above (1) (we) (did) (did not) view the body after death. | TTEN pitoli TTO F for u | saw the deceased alive ar | | and that in (my) (aur) apinion | death accurred on the date and hour o | and from the causes stated |
| 226. DATE SIGNED | hos hos hos hos hos hed hed bept. | | | | | 22c. DATE SIGNED |
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| 224 PHYSIC (AN'S NAME (TYPE OR OR DRINT) | d by NER | 224. PHYSICIAN'S NAME (TYPE | OR PRINT) | 22e ADDRESS | | |
| | HO Fu HO POR | JOHN MELNIC | CK, M.D. | 911 N. Russ | sell Avenue; Gaither | rsburg, Md. |
| 230. BURLAT, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION | C () () () () () () () () () (| 23a. BURIAL CREMATION, REMOVAL | . 23b. DATE 23c N | | 23d. LOCATION | |
| Burial 3/6/87 Beth Moses Cemetery Farmingdale, New York | 19/9BP | Burial | | | | W York |
| DHAM 14 FUNERAL DIRECTOR DANZANSKY—COLDBERG, MEMORIAL, CHAPETS 250, DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE | DHMH - 16 60M 7/84 | 24 FUNERAL DIRECTOR DANZAN | | ORTAL CHAPELS 250. DAT | E REC'D. BY REGISTRAR 256 REGISTRA | AR'S SIGNATURE |
| (VRA 15, 4) 1170 Rockville Pike; Rockville, Md. 20852 MAR O 9 1987 | DI 1811 - 10 00/11 // D4 | | | | | |

STATE OF MARYLAND



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR I DEGEASED NAME 20 DATE KNOWN (TYPE OR PRINT) OF ELSE KORANYI DEATH MATE 4 RACE 1 SEX 16. AGE IN YEARS, IT UNDER 1 YR. TIF UNDER 24 HRS DATE LAST BIRTHDAY) RONOUNCE FFMAIF WHITE 85 yes DEAD To BIRTHPLACE (STATE OR A CHILEN OF WHAT COUNTAL 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED GERMANY U. S. A. MONTGOMERY COUNTY 10. CITY OR TOWN OF DEATH 126 KIND OF BUSINESS TAKOMA PARK USUAL RESIDENCE UE 22204 13. STREET ADDRESS 13d. INSIDE CITY LIMBS? SOUTH JEFFERSON STREE NOF 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE MIDDLE STEGMUND BIOCH EMMA COHN BALTIMORE 166 SOCIAL SECURITY NO 17 INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 230-20-9952 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c). PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate couse (o) stoting the underlying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES | 21g EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART T OR PART 2 HOUR A.M. MONTH DAY YEAR OR UNDERLYING CONTRIBUTING CAUSE OF DEATH 214 PLACE OF INJURY (AT HOME. 21f LOCATION STREET, FACTORY, FARM FIC 1 STREET CITY OR TOWN STATE WHILE AT WORK AT WORK COUNTY 22e I certify that I took charge of the remains described above, held an and in my opinion Homicide Undetermined monner EXECUTE THE CER PAGE 4 SHOULD TO FUNERAL DIR AFTER DEATH, WII BALTIMORE, MAR TITLE (SPECIFY) DR. JOHN S. ROGERS M. SILVER SPRING, MARYLAND ADELPHI, PRINCE GEORGES STATE 250. DAJE REC'D BY REGISTRAR 256 REGISTRAR'S SIGNARY LAN BP 25M 232 CARROLL STREET. N. W. W. WASHINGTON. D. C.



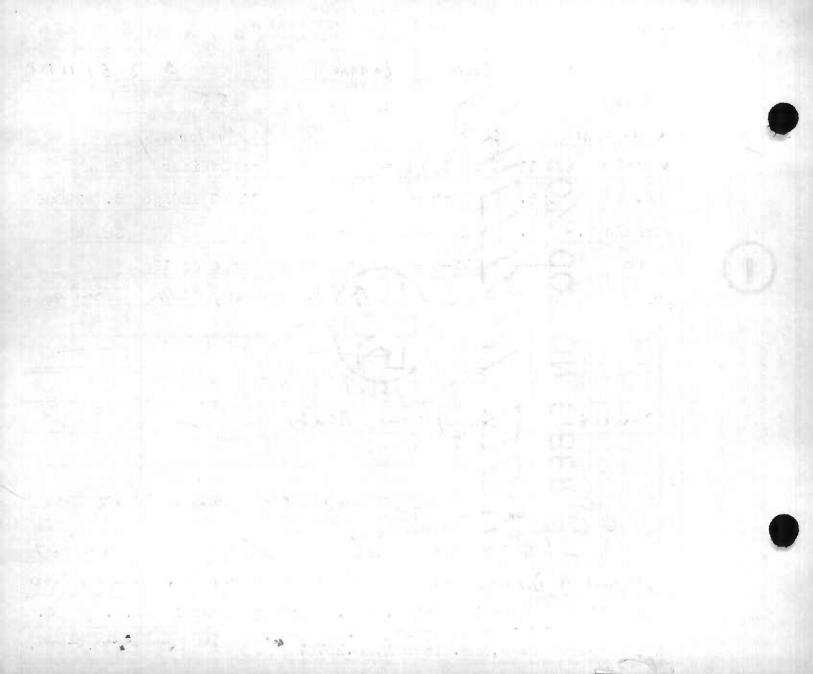


STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO. . DECEASED NAME 20. DATE OF DEATH MONTH 25 HOUR 0:153. SEX AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR YEAR Female Caucasian O. BIRTHPLACE 76. CITIZEN OF WHAT COUNTRY? (STATE OR FOREIGN BALTIMORE CITY OR COUNTY OF DEATH County Pennsylvania United States WIDOWED DIVORCED [ID-GITY OR TOWN OF DEATH 126 KIND OF BUSINESS OR INDUSTRISECTETATY Secretary of State 136. COUNTY 5025 Cushing Drive/20895 13d INSIDE CITY LIMITS? Kensington Montgomery FATHER'S NAME 15. MOTHER'S MAIDEN NAME FIRST MIDDLE MIDDLE Sabas Clement Emilie Rambauskas 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT ADDRESS (YES, NO OR UNKNOWN) LIF YES, GIVE WAR OR DATEST Paul S. Kullman, same as #13 217-44-7696 No APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c): PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o DUE TO, OR AS A CONSEQUENCE OF aspiradim Conditions, if any, which gave rise to immediate couse lo), stoting DUE TO, OR AS A CONSEQUENCE OF underlying couse lost PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 DIVISION OF VITAL RECORDS CERTIFICATION CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? RESPICATOM tallure NOI NO [21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 21d. INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION orkedo CITY OR TOWN COUNTY (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) STATE NOT WHILE 220.1 certify that (I) (this hospital) attended the deceased alive on and that in (my) (our) opinion deoth occurred on the date and hour and from the causes stated obove, (1) (we) (did) (did obt) view the body ofter death DEGREE 221 DAJE SIGNED ATTENDING PHYSICIAN DIRECTOR PHYSICIAN should be de with the Stote 230 BURIAL, CREMATION, REMOVAL 23b. DA March 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (SPECBurial 16, 1987 Gate of Heaven Cem. Silver Spring, Maryland Funeral Home/250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGN DHMH - 16 60M 7/B4 Bethesda-Chevv (VRA 15, 4) 57 Wisconsin Ave. Bethesda, MD 20814

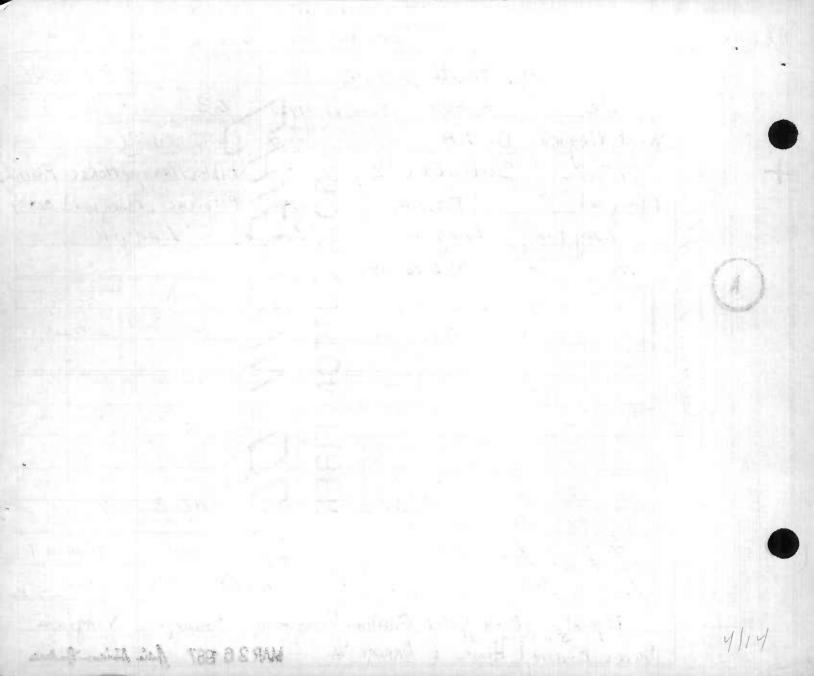
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STATE OF MARYLAND

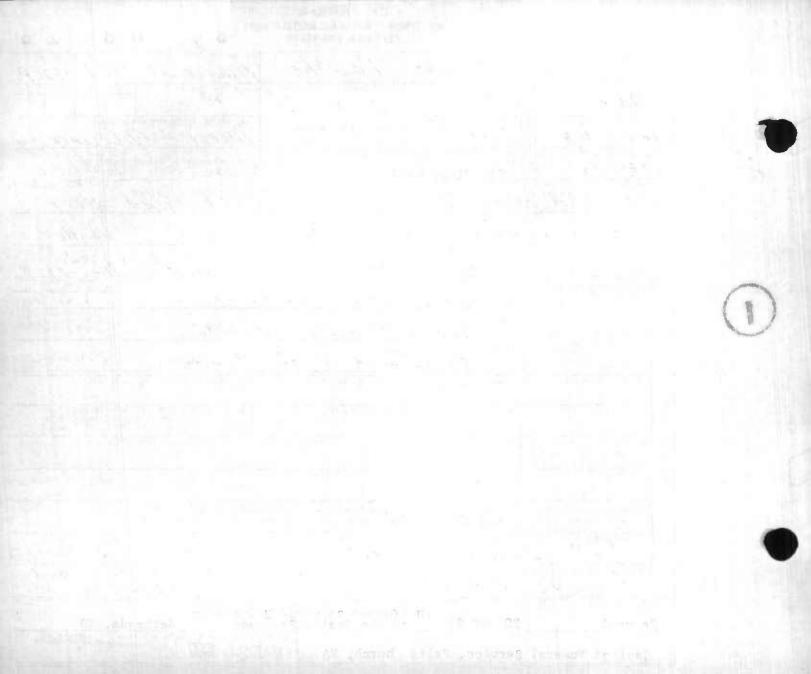
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| | ge 4 may ector, pa | 3. S | FEMALE | 4. RA | Cauces | 141 | 5. DATE C | | YEAR 32 | 6 AGE (IN YEARS LA | AST BIRTHOAY) YRS | MONTHS DAYS | | ER 24 HRS MIN. |
| | nerol din n 72 hou | 70.1 | KIRTHPLACE ISTATE OR FOR COUNTRY! | REIGN 76 C | ITIZEN OF | WHAT COUNTRY | ? 8 MARRIEI WIDOWE | NEVER M | | 9 BALTIMORE CI | | | | MD. |
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| BALTIMORE, MARYLAND 212D | medicol | | WAS DECEASED EVER IN (YES. NO OR UNKNOWN) NO | U.S. ARMED JIF YES, GIVE WAR | | 166. SOCIAL SEC 579-48 | | Sam I | | | as 13e | | | |
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| | by the hore ERAL DIRECT edetoched State Dept | | The SIGNATURE | in Th | De | trulgs | h | | | DIRECTOR PH | STAFF HYSICIAN [| | SIGNED | - |
| | etoined by the TO FUNERAL should be detained the State with the State | / | McChael | R. Dc. | h nicks. | , , | | | 15 Con | n. Ace | Silvens | Many 1 | 42 | 0906 |
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| | DHMH - 16 60M 7/84 (VRA 15, 4) | | leck Fune | ral Ho | | ndy Sp. Inc. La | | | 707 M | RO BY REGIS | RAR 256 REGIS | TRAP'S 6IGNA | TURE | ace; |

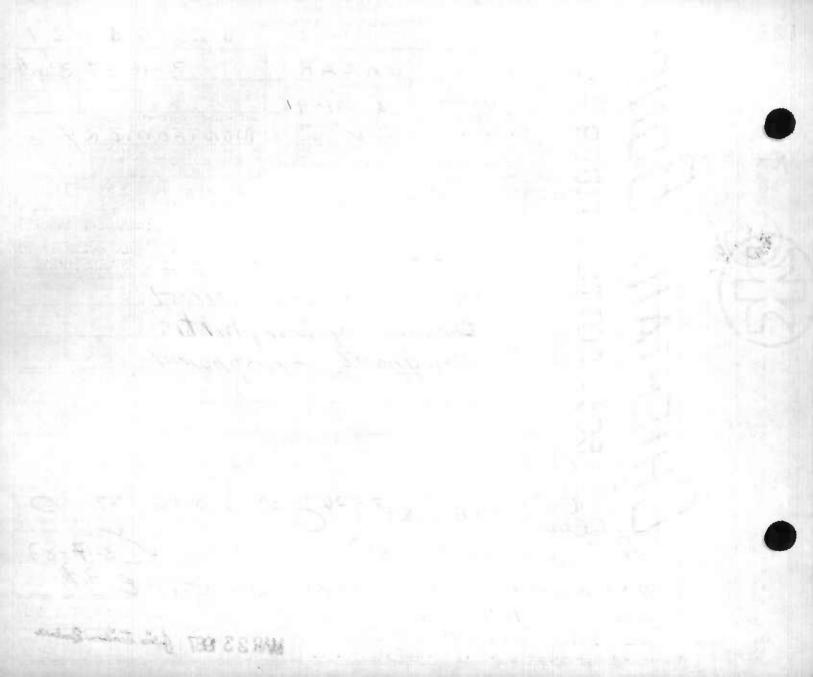


STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH ___ REGISTRAR REG. NO 20. DATE OF DEATH 1 DECEASED NAME MONTH 26 HOUR (TYPE OR PRINT) 4 RACE 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR 3 SEX IF UNDER 24 HRS MONTH YEAR UCASIAN BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED WIDOWED DIVORCED T NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 126. KIND OF BUSINESS OR INDUSTRY MANAGERHORSE 13e.STREET ADDRESS / ZIP CODE 13d. INSIDE CITY LIMITS? POTOMAC A FATHER'S NAME 15 MOTHER'S MAIDEN NAME -cuise 160 WAS DECEASED EVEN IN U.S. ARMED FORCES? 166 SOCAL SECURITY NO. 17 INFORMANT (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c). PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate couse (o), stoting DUE TO, OR AS A CONSEQUENCE OF underlying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 11a CERTIFICATION 206 IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NOK NO F DIVISION OF VIT 210 ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 8 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH P.M LIF EITHER NOTIFY MEDICAL EXAMINER 19 21d. INJURY OCCURRED 211. LOCATION 21e PLACE OF INJURY AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE NOT WHILE AL WORK 22a.1 certify that (1) (this hospital) attended the deceased from I sow the deceased alive on MALL () obove, (I) (we) (did) (did not) view the body after/death. and that in (my) (our) opinion death occurred an the date and hour and from the causes stated 22c. DATE SIGNED DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN MPORTANT. 22d PHYSICIAN'S NAME (TYPE OR PRINT) 22e. ADDRESS ld b 230 BURIAL, CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (SPECIFY) CITY OR TOWN 24 FUNERAL DIRECTOR DHMH - 16 60M 7/B4 (VRA 15, 4) ONCRA

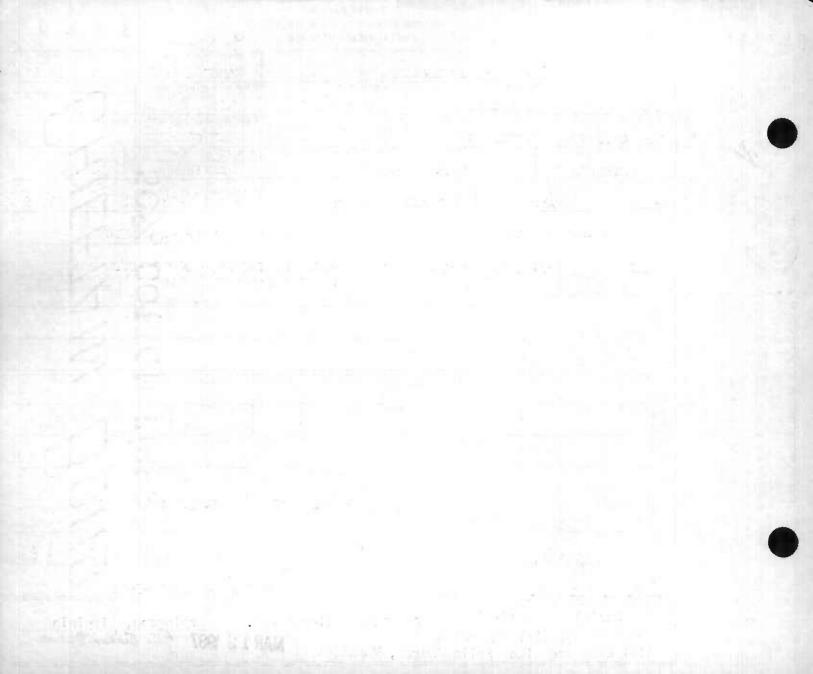


STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 STATE CERTIFICATE OF DEATH REGISTRAR 20 DATE OF DEATH I. DECEASED NAME 2b HOUR eodore Thatcher TYPE OR PRINTA IF UNDER 1 YEAR DAYS 9 BALTIMORE CITY OR COUNTY OF DEATH Th CITIZEN OF WHAT COUNTRY? I STATE OR FOREIGN MARRIED NEVER MARRIED ewask K ontgomery NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 126 KIND OF BUSINESS OR Jeientific Intesman 5915 Kirby Road AL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13e STREET ADDRESS / ZIP CODE 5915 KIRBU 14 FATHER'S NAME Aurela VanNess LIE YES GIVE WAR OR DATES LYES, NO OR UNKNOWN) 18 CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c) PART I. DEATH WAS CAUSED BY GASTROINT GSTINAL MINTN DUE TO, OR AS A CONSEQUENCE OF TUMBA RECATED Conditions, if any, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 11g 19a DATE OF OPERATION 19% CONDITION FOR WHICH OPERATION WAS PERFORMED 20e AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO YES T NO F 210 ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) PM 19 214 INJURY OCCURRED 211 LOCATION 21e. PLACE OF INJURY CITY OR TOWN COUNTY STATE AT HOME STREET FACTORY OFFICE FARM ETC 1 STREET NOT WHILE AT WORK 220.1 certify that (1) (this haspital) attended the deceased from. 9 May 19 saw the deceased alive on_ , and that in (my) (aur) apinian death accurred on the date and hour and fram the causes stated obove, (1) (we) (did) (did nat) view the bady after death 225 SIGNATURE DEGREE 22c. DATE SIGNED MD ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN 224 PHYSICIAN'S NAME (TYPE OR PRINT) ENSINGTEN, 230 BURIAL, CREMATION, REMOVAL 231 NAME OF CEMETERY OR CREMATORY_ 23b. DATE Uniformed Services University of the Health Sciences (SPECIFY) 20 Mar 87 Removal Bethesda, MD 24 FUNERAL DIRECTOR 250 DATE REC'D. BY REGISTRAR 250 REGISTRAR'S SIGNATURE DHMH - 16 60M 7/84 Capitol Funeral Service, Falls Church, VA (VRA 15, 4)





| | | | | 1 | FOR | | | | E OF MARYLAND | | | | |
|----------------------------|-------------------------------|--|---------------------------------|---------------|---|---|---|---------------------------|---|-------------------------------------|--------------------------------|---------------------|-----------------------------------|
| 047 | 13 | 4 1 | MR I | 3 8 | FOR STATE REGISTRAR | | | CERTIF | ICATE OF DEATH | 8 REG. N | | 1 | 2 0 |
| | 41 | m = | | | CEASED NAME FIRST | | MIDDLE | | AST | 2a. DATE OF DEATH | MONTH DAY | YEAR | 2b. HOUR |
| | y be | deot | | | | | SLOW LEONA | | | MARCH 4 | | - 4 | 10:15 _M |
| | m \$ | fer p | | 3. SE | X | 4. RACE | | 5. DATE O | DAY YEAR | 6 AGE (IN YEARS LAST BIR | THDAY) IF UN | DER TYEAR | IF UNDER 24 HRS |
| | age 7 | urs o | | N | IALE | CAUCA | ASIAN | FEB | RUARY 2 1928 | 59 | YRS. | | |
| | Ъ. Ро | 2 hou | 4 D | | RTHPLACE (STATE OF FOREIGN | 76 CITIZEN OF | WHAT COUNTRY? | 8 MARRIE | D NEVER MARRIED | 9 BALTIMORE CITY O | R COUNTY OF | DEATH | |
| | Je of | | 30 | | ASSACHUSETTS | | STATES | WIDOW | D DIVORCED | MONTGOM | ERY | | MD. |
| | No | by the filed with | 100 | 10 C | BETHESDA | 11. NAME OF (IF NOT IN SU | HOSPITAL, NURSIN CH FACILITY, GIVE STREET, NAVAL HO | ADDRESS) | OR OTHER INSTITUTION | 170 USUAL OCCUPATI | OF WORKING LIFE) IN | DUSTRY | BUSINESS OR NAVY |
| 212 | hour | be f | 8 | USU. | AL RESIDENCE (IF NURSING HOME CONTACT | | | ADMISSION) | 13d. INSIDE CITY LIMITS? | Lin STORET ADDRESS | / 710 CODE | CA. | IGGGE2 |
| Q. | 24 | and a | PE / | | AINE WAL | | BELFAS | | YES X NO | RFD 1, B | OX 1202 | /1 | 04915 |
| 3,17 | uthin | 2 sh | 211 | 14 F/ | ATHER'S NAME | MIDDLE | LAST | | 15. MOTHER'S MAIDEN NA | | | | |
| A A | D | ond | R/ 4 | 1 | HERBERT S. | | | | HELO | ISE KATHERI | NE KENNE | DY LAST | |
| 1 N | 1 2 | es - 1 | CO | | VAS DECEASED EVER IN U.S. A | | 166 SOCIAL SECU | RITY NO. | 17 INFORMANT | ADDRE | SS | 11.1 | |
| 2 | 1 | Pog. | шес | | | 1-1979 | 024-20- | 4778 | FREDERIC B.L | INCOLN, 4 WO | ODCHESTE | R ROA | D, |
| DS, 201 W. PRESTON ST., B. | with that the death certifica | The offending physici remove corbon pope remove, or removol. | ury, at all er traumotic event, | 7 | PART 2 OTHER SIGNIFICANT | DUE TO, C DUE TO, C (b) DUE TO, C (c) | AS DR AS A CONSEQUE DR AS A CONSEQUE | PIRAT NCE OF NCE OF | ION | TILLS, MA 02 | | | NAIE INTERVAL |
| AL RECOR | he low red | t permit T | 7 | CERTIFICATION | 190 DATE OF OPERATION | 196 COND | ITION FOR WHICH | OPERATIO | N WAS PERFORMED | 200 AUTOPSY? | 20b. IF YES, WE IN CERTIFY INC | RE FINDING CAUSES | GS USED OF DEATH? |
| OF VITA | physics physics | of Hones | 19 | | 21a. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING [CAUSE OF DE | AIR | DF INJURY .M. MONTH DA .M. | | 21c. HOW INJURY OCCUR | | _ | OR PART 2) | |
| WISION | Offerding | ter this ce is the burn is and Mer | a led | MEDICAL | 21d INJURY OCCURRED WHILE NOT WHILE AT WORK | 21e. PLACE | OF INJURY REET, FACTORY, OFFICE, FA | ARM, ETC.) | 211 LOCATION STREET | CITY OR TO | NWI I | COUNTY | STATE |
| 0 | ATTENDIR | for use of Health | 21000 | | 22a.1 certify that (1) (this hosp sow the deceased alive o above, (1) (we) (did) (did n | MAR | CH 4 19 | | UARY 12, 19 87 and that in (my) (our) opinion | , to MARCH death occurred on the de | | 87_, the from the c | hot (I) (we) lost ouses stoted |
| | 7AL OR 17 18 18 18 18 | defoched fote Dept | = - | | N. M. Wale | 1 | | N | | MEDICAL STAI | FF . | 220. DATE S | 5-87 |
| | HOSP print b | ould be | POSTA | | D. G. LTTAKER | | C. USNR | | | AL HOSPITAL HESDA, MD 20 | 814-5011 | | |
| 199 | 96 BP_ | 23 | 4 | | BURIAL, CREMATION, REMOVA SPECIFY) Burial | 23b. DATE 03/10/ | '87 Arl | | emetery or crematory On National Co | 23d LOCATION | ngton, | UNTY | STATE |
| 11' | DHMH - | 16 60M | 7/84 | 24. FI | JNERAL DIRECTOR Colon | | ral Home | | 25c DA | | 246 REGISTAR | | REALE |
| | | A 15, 4 | | | 6161 Leesburg | Pike Fa | alls Churc | h, VA | 22044 | 11/1 2 1001 | 3 | - | |



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO L DECEASED NAME MIDDLE 20 DATE OF DEATH 2b. HOUR LIVPE OR PRINTS 3 1987 5 Lepkowski Lawrence & AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HR 4. RACE 5. DATE OF BIRTH 3. SEX Male White MON T 1943 BALTIMORE CITY OR COUNTY OF DEATH BIRTHPLACE ISTATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED Penna. Montgomery WIDOWED O CITY OR TOWN OF DEATH HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12b. KIND OF BUSINESS OR Ashland Brooke Court WHITTO Lab. Principal Eng. Olney USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 20832 13e STREET ADDRESS / ZIP CODE 20032 2 Ashland Brooke Court Md. Montg. Olney 4 FATHER'S NAME IS MOTHER'S MAIDEN NAME Martin Orzepowski Lepkowski Mary ADDRE 2 Ashland BrookeCt 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO 17 INFORMANT LYES NO OR HINKNOWN) I HE YES, GIVE WAR OR DATEST Betty Jo Lepkowski 72-38-3770 Olney.Md. No APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY Immediate Respiratory failure IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Amystropic lateral sclerosis 2 years Canditions, if any, which gove rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 Id 20a AUTOPSY? 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED 19n DATE OF OPERATION IN CERTIFYING CAUSES OF DEATH? NOF NO [YES [21a. ACCIDENT WAS UNDERLYING 71b. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH 19 (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 211 LOCATION 21d. INJURY OCCURRED 21e. PLACE OF INJURY COUNTY CITY OR TOWN STATE AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 1722 27a.1 certify that (1) (this haspital) ottended the deceased fram 19 87 saw the deceased olive on, and that in (my) (aur) apinian death accurred an the date and hour and from the causes stated abave, (1) (we) (did) (did nat) view the bady after death, 22c DATE SIGNED 226 SIGNATUR 3/6/87 PHYSICIAN DIRECTOR PHYSICIAN ild be 77e ADDRESS 7 PHYSICIAN'S NAME (TYPE OR PRINT) Richard P. Delaney, M.D. 4323 Havard Street, Silver Spring, Md. 20906 23d LOCATION 231 NAME OF CEMETERY OR CREMATORY 230 BURIAL, CREMATION, REMOVAL 23b. DATE (SPECIFY Burial Silver Spring Montg. Md. Gate Of Heaven Hines/Rinaldi F.H.Inc Sil.Spg.Md. DHMH - 16 50M 4/83 Adia Divideon A 100 (VRA 15, 4)

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| . District Constitution of Carrie | (0:14/11) | A VETT-BE | nr-lit-sit | -75-371 | GF. | |
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| 3/6/07 | / | | | | | |

FOR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

| | - STATE REGISTRAR | | CERTIF | ICATE OF DEATH | REG. NO | 0 0 | | | | |
|---|---|--|-----------------|---------------------------------|-------------------------------------|---|-----------------------------------|--|--|--|
| | DECEASED NAME FIRST | WIDDLE | | TAST | 20 DATE OF DEATH | AONTH DAY YEAR | 2h HOUR A | | | |
| | Catheri | ne R. | I | Lightner | March 11, | 1987 | 5:20 M | | | |
| | 3 SEX | 4 RACE | 5. DATE C | | 6 AGE (IN YEARS LAST BIRTH | | R IF UNDER 24 HRS | | | |
| | Female | White | MONTH | st 31, 1915 | 71 | YRS MONTHS DAYS | HOURS MIN. | | | |
| 4 | TO BIRTHPLACE (STATE OR FOREIGN) | 76 CITIZEN OF WHAT COUN | TRY? 8. | | 9 BALTIMORE CITY OR COUNTY OF DEATH | | | | | |
| 2 | COUNTRY) | United States | | D NEVER MARRIED | Montgomery | | | | | |
| 2 | Pennsylvania M. CITY OR TOWN OF DEATH | United States 11. NAME OF HOSPITAL, NU | | | 120 USUAL OCCUPATION | _ | OF BUSINESS OR | | | |
| 3 | V | (IF NOT IN SUCH FACILITY, GIVE | STREET ADDRESS) | SK OTTEK KASTROTION | TYPE OF WORK FOR MOST OF | | | | | |
| | Takoma Park USUAL RESIDENCE (IF NURSING HOME OR | 7509 Glenside | | | Housewife | Own 1 | home | | | |
| S | 130. STATE 13b. COUN | TY 13c. CITY OR | TOWN | 134 INSIDE CITY LIMITS? | 13e STREET ADDRESS / | ZIP CODE | | | | |
| ٤ | | George's Takoma | Park | YES X NO | 7509 Glensi | de Drive / | 20912 | | | |
| 4 | FATHER'S NAME | MIDDLE LAST | | 15. MOTHER'S MAIDEN NAM | ME | | | | | |
| j | James | H. Ros | | Lillie | MIDDLE | Gei | ast aer | | | |
| î | 160 WAS DECEASED EVER IN U.S. AR | MED FORCES? 166 SOCIAL | SECURITY NO. | 17. INFORMANT | ADDRES | | qei | | | |
| ĺ | (YES, NO OR UNKNOWN) (IF YES, GIV | E WAR OR DATES) | 5-2994 | William T. L | ightner, San | me as 13 | | | | |
| | 18 CAUSE OF DEATH (Enter on | ly one couse per la far in a la | su modiana. | | 1 | APPRO | XIMATE INTERVAL ONSELAND DEATH | | | |
| | PART I. DEATH WAS CAUSE | D BY: | DIVIII | UPIL TOU | 11000 | 3/ | ONSEGAND DEATH | | | |
| | IMMEDIAI | 1.110 | A Comment | 7 1 | Tare | 24 | 211.5 | | | |
| | Country of the last | DUE TO, OR | PHSto | 12 B11 | 2015/ 191 | 11/20 7 | 1011 | | | |
| | Conditions, if any, which gave rise to immediate | 163 | word | 110 | ecoo coja | acco co | yu) | | | |
| | cause (a), stating the underlying cause last. | DUE TO, OR AS A CONS | EOUENCE OF | | | | | | | |
| | -6 | (c) | | | | | | | | |
| | PART 2. OTHER SIGNIFICANT C | ONDITIONS CONTRIBUTING | TO DEATH BUT | NOT RELATED TO THE TERM | INAL DISEASE OR COND | ITION GIVEN IN PART 1 | (0 | | | |
| | 190 DATE OF OPERATION 210 ACCIDENT WAS UNDERLYING | 196 CONDITION FOR WI | HICH OBERATIO | NIWAS DEDSODUED | Too AUTORCY2 | 20) 15 450 14505 5010 | | | | |
| 1 | E IN DATE OF OPERATION | 198 CONDITION FOR WI | HICH OPERATIO | N WAS PERFORMED | 200 AUTOPSY? | 20b. IF YES, WERE FIND IN CERTIFYING CAUSE | | | | |
| | III III | | | | YES NO X | YES 🗌 | NO 🗆 | | | |
| N | OR CONTRIBUTING CAUSE OF DEA | Committee of the Commit | DAY YEAR | 21c. HOW INJURY OCCURR | RED (ENTER NATURE OF INJURY | IN ITEM 18 PART 1 OR PART 2) | | | | |
| | (IF EITHER NOTIFY MEDICAL EXAMINER | | 19 | | | | | | | |
| | (IF EITHER NOTIFY MEDICAL EXAMINER | 21st PLACE OF INJURY | DICK TARM CT. | 211. LOCATION STREET | CITY OR TOW | N COUNTY | STATE | | | |
| | arwore armed | | 11- | 11. 0. | | | | | | |
| | 27s.1 certify July it this hospit | the thendad the devoted to | om 12 | 100 19 00 | , to March 1 | 1, 19.87 | , that (I) (we) last | | | |
| | same traffic refer of the on | Semple book the both | 19 8 Z. or | nd that (n (my) (our) opinion o | death occurred on the dat | | | | | |
| | 775 AGYATON | Heighe book offer shoth. | | DEGREE, | | IN DATE | E GNED! | | | |
| | VAMIL | 1 /8/01m4 | inel | MAD ATTENDING PHYSICIAN | MEDICAL STAFF | 10/ | 11/93 | | | |
| | STANTSKIAN'S NAME UNG | The state of the s | 901 | 22e ADDRESS | DIRECTOR PHYSICIA | an loj | refor | | | |
| | Itomac H | BOUGINGE | CA 755 | 6100min | 4. Coute | Nin 6 | milled X | | | |
| | 23a BURIAL, CREMATION, REMOVAL | MANUE | 71100 | 1 19 Coull | 117 CEUVE | MINER | Correct P | | | |
| | (SPECIFY) | | | EMETERY OR CREMATORY | 23d LOCATION | COUNTY | 2077 | | | |
| | Burial | 3-14-87 | Greenwo | ood Cemetery | Lancaster | , Pennsylv | ania | | | |

DHMH - 16 60M 7/B4 (VRA 15, 4)

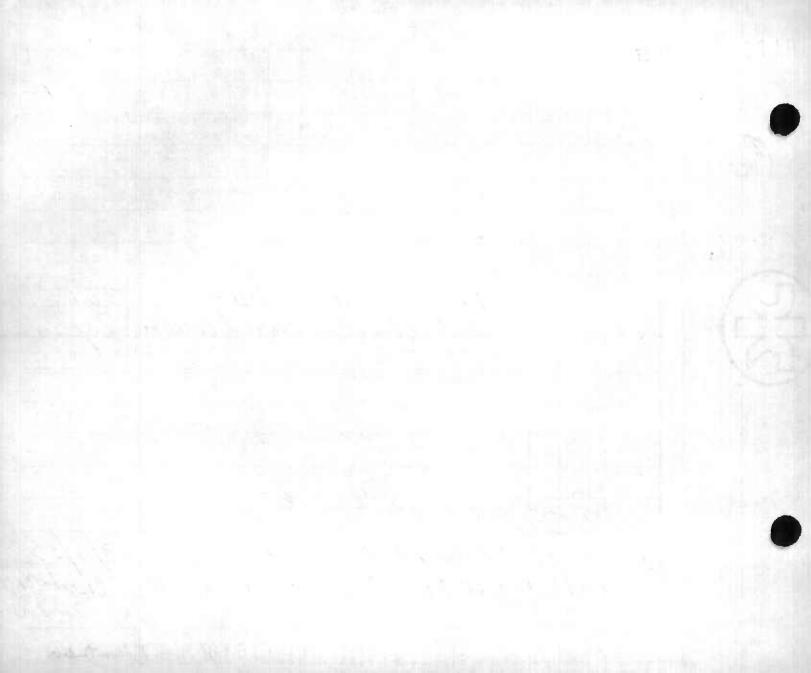
TO HOSPITAL

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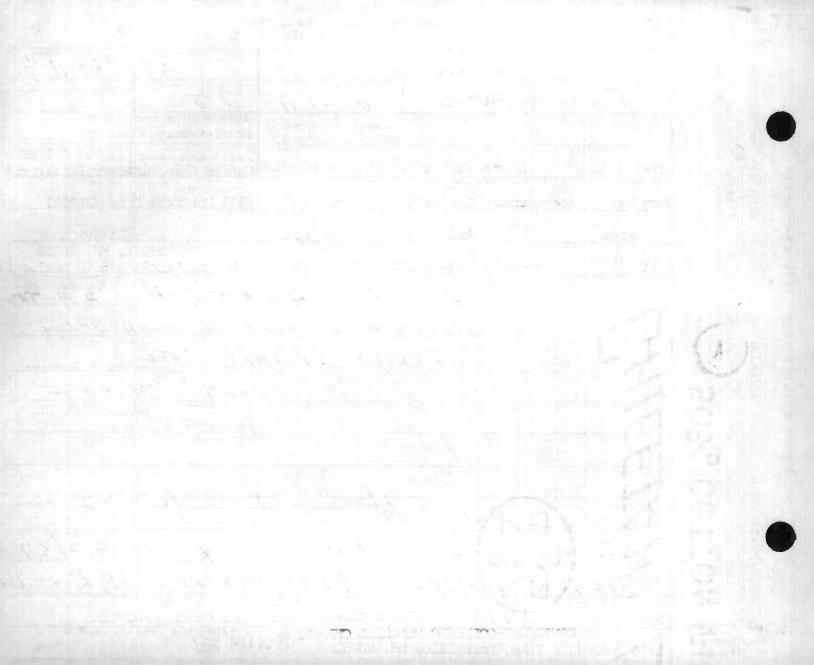
IMPORTANT: If them 21 is marked or them 18 that

24 FUNERAL DIRECTOR Fred F. Groff, InCorress 234 West Orange Street, Lancaster, PA 17603 250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

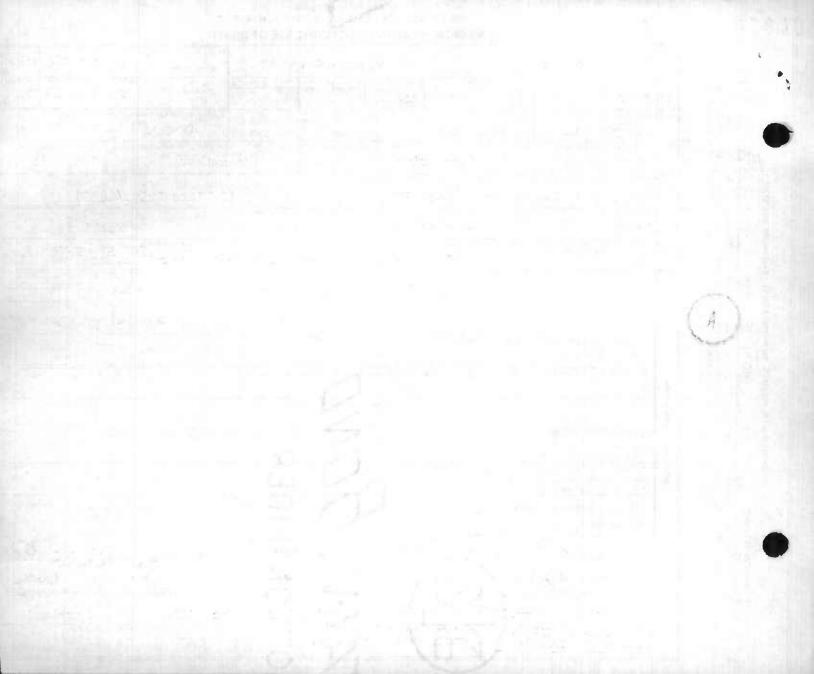
Julia Dividson Rondows



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE CERTIFICATE OF DEATH REGISTRAR REG. NO. 1. DECEASED NAME 20. DATE OF DEATH MONTH TYPE OF PRINTS HELEN LUSTHAUS-EINHEBER 4. RACE 5 DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER 24 HRS 3. SEX YEAR emale hite BALTIMORE CITY OR COUNTY OF DEATH 70. BIRTHPLACE 76 CITIZEN OF WHAT COUNTRY STATE OR FOREIGN MARRIED NEVER MARRIED Montgomery County, WIDOWED DIVORCED 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 126. KIND OF BUSINESS OF 10. CITY OR TOWN OF DEATH IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Rockville Hebrew Home of Greater Washington Coffee Ship Director: Retirement USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13e STREET ADDRESS 13d. INSIDE CITY LIMITS? Rockville Marvland 6111 Montrose Road (20852) Montgomery 15. MOTHER'S MAIDEN NAME 14. FATHER'S NAME MIDDLE Isaac Amkraut Sophie Lieberman 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO. 17. INFORMANT Rockville, Md. 20853 IYES NO OR UNKNOWN 145-26-9180 Elizabeth Strassburger; Daughter; 5500 Marlin St NO APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)
PART I. DEATH WAS CAUSED BY: OB STRUCTION MONTH IMMEDIATE CAUSE AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate cause (a), stoting the underlying couse DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO NO [YES [21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M A II. LOCATION 21d. INJURY OCCURRED 21s. PLACE OF INJURY COUNTY CITY OF TOWN STATE AT HOME STREET, FACTORY, OFFICE FARM, ETC.) NOT WHILE 22s.1 certify that M (this hospital) attended the deceased fram saw the deceased alive an and that in (par (aur) apinian death accurred an the date and hour and from the causes stated above, M (we) (did) (did-not) view the body-ofter death DEGREE 22c. DATE SIGNED MEDICAL ATTENDING should be deto-with the State [PHYSICIAN DIRECTOR PHYSICIAN [MPORTANT. 22e. ADDRESS 230 BURIAL, CREMATION, REMOVAL 23b. DATE 231. NAME OF CEMETERY OR CREMATORY 23d. LOCATION Baltimore, Maryland 3/3/87 Chevra Ahavas Chesed Burial 24. FUNERAL DIRECTOR DANZANSKY-GOLDBERG MEMORIAL CHAPETS 44 DATE DHMH - 16 50M 4/B2 1170 Rockville Pike; Rockville, Md. 20852 (VRA 15, 4)



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR MIDDLE I. DECEASED NAME 20 DATE KNOWN (TYPE OR PRINT) ESTI-MARIE MACARIO 22 DEATH MATED 4 RACE 5 DATE OF BIRTH & AGE (INYEARS IF UNDER 1 YR. JIE LINDER 24 HRS DATE 1508 PRONOUNCED WHITE 00 DEAD TO BIRTHPLACE (STATE OR LITIZEN OF WHAT COUNTRY 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED W NEVER MARRIED FOREIGN COUNTRY Pennsylvania United States WIDOWED DIVORCED 10. CITY OR TOWN OF DEATH 120 USUAL OCCUPATION (TYPE OF WORK 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 9813 Viers Drive #2 Homemaker (IFE) Own Home Rockville USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 136 COUNTY 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET ADDRESS 9813 Viers Drive/20850 Maryland Montgomery Rockville YES K 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE Nicola Luisa DeCrescenzo Scalina 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO. 17 INFORMANT 9400 Poverlea Drive LIE YES GIVE WAR OR DATES! Rockville, Maryland 20850 No 072-16-4434 Marie M. Bestul CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Conditions, il ony, which gove rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (0) 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? NO X 210 EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART) OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 19 71d INJURY OCCURRED 21e PLACE OF INJURY 21f. LOCATION STREET, FACTORY, FARM, ETC.) CITY OR TOWN STATE WHILE AT WORK COUNTY 220 I certify that I took charge of the remains described above, held on Autopsy Inspection Inquiry death resulted from: Accident Suicide Homicide . Undetermined monner EXAMINER'S NAME WIZEDNSIN TYPE OR PRINT 230. BURIAL, CREMATION, REMOVAL 236. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION Mar. 27, 1987 Parklawn Memorial Park Rockville Burial Maryland BP 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR, Robert A. Pumphrey Funeral Home/ **DHMH - 17** Montgomery Ave. Rockville, Maryland (VR A15 ME (5)) 20M 4/B2 n. yandass



the funeral director, page 3 d within 72 hours ofter death

STATE OF MARYLAND

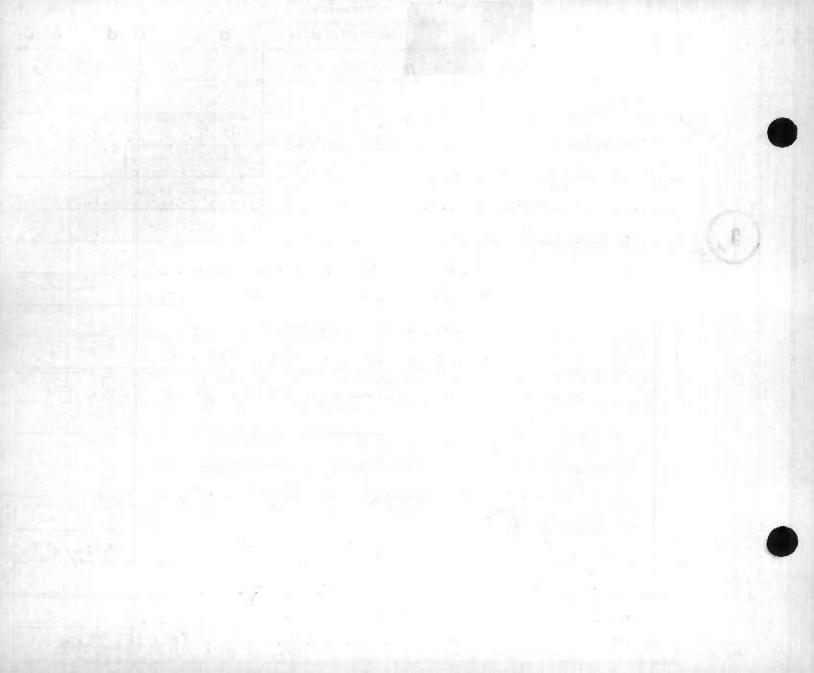
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

| 8 | REG. NO. | 0 | 8 | 1 | 3 | |
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| 0 | REG. NO. | U | O | | 4 | |

| | FOR STATE REGISTRAR | DEP | | TH AND MENTAL HYG | 8 / | 087 | 3 3 |
|---|---|---|------------------------|----------------------|-------------------------------------|---|----------------------------------|
| | 1. DECEASED NAME FIRST (TYPE OR PRINT) THEO LU | GOS A | MAGO | ULAS | REG. NO. | 3-24-87 | 26. HOUR 5 M |
| | 3. SEX Male | 4. RACE White | 5. DATE OF BI | DAY YEAR | 6. AGE (IN YEARS LAST BIRTHD | MONTHS DATS | IF UNDER 24 HRS HOURS MIN. |
| 3 | COUNTRY) | 76. CITIZEN OF WHAT COUN | MARRIED X | XIEVER MARRIED [| BALTIMORE CITY OR C | COUNTY OF DEATH | uti |
| y | Greece ILLIVEY SORING | USA 11. NAME OF HOSPITAL, NI (IF NOT IN SUCH FACILITY, GIVE | STREET ADDRESS | | 1%. USUAL OCCUPATION | ORKING LIFE) INDUSTRY | |
| | USUAL RESIDENCE (IF NURSING HOME OR 130. STATE 136 COUN | OTHER INSTITUTION GIVE RESIDENCE TY 13c. CITY OR | TOWN 13d | INSIDE CITY LIMITS? | 13e STREET ADDRESS / Z | | 1905 |
| × | 14 FATHER'S NAME | ont. I S.S | 15. | MOTHER'S MAIDEN NA | L 10707 Jama | aica Drive | |
| 5 | Angelis 160 WAS DECEASED EVER IN U.S. ARA (YES, NO OR UNKNOWN) (18 YES, GIVE | Magoulas MED FORCES? 16b SOCIAL WAR OR DATES) | | olytime INFORMANT | ADDRESS | Themeli Same as | |
| Š | N / A 18 CAUSE OF DEATH (Enter online part). DEATH WAS CAUSED | y one cause per line for (a), (l) | b) and (c) b) vas cul | - 01 - | e Magoulas | | MATE INTERVAL DNSET AND DEATH |
| | Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost. | DUE TO, OR AS A CONS (b) LULL TA DUE TO, OR AS A CONS (c) COLL C1 | SEQUENCE OF A | distant- | stomach | | |
| 2 | PART 2 OTHER SIGNIFICANT C 190 DATE OF OPERATION 210, ACCIDENT WAS UNDERLYING | onditions contributing ay interpretation for w | y disc | 201 - 24c | LUS JUST | ION GIVEN IN PART 110 CAB G 106 IF YES, WERE FINDIN N CERTIFYING CAUSES YES 107 | #3 |
| | OR CONTRIBUTING CAUSE OF DEAT | P.M. | DAY YEAR | | RED (ENTER NATURE OF INJURY IN | | NO L |
| | 214 INJURY OCCURRED WHILE NOT WHILE AT WORK | 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OF | | LOCATION | CITY OR TOWN | COUNTY | STATE |
| | 220.1 certify that (I) (this haspite saw, the deceased alive on ablive, (I) (we) (did) (did nat | 3/24 | 19_ X7 _ and th | | , to | and hour and from the | |
| | 22b. SHINATURE | Johnar | DEG |) ATTENDING | MEDICAL STAFF DIRECTOR PHYSICIAN | N 3/25 | 1/87 |
| | Dr.Joseph | | | 9801 Ga.Ave | S.S.Md. | | |
| | 230 BURIAL, CREMATION, REMOVAL (SPECIFY) | 3/27/87 | | od Cemete | 23d LOCATION CITY OF TOWN TY Wash.D | .C. | STATE |
| | Hines/Kinaldi | 11800 Newoor | Hamp.Ave | .S.S.Md | REC'D. BY REGISTRAR 256 | REGISTRAR'S SIGNATI | URE |

DHMH - 16 60M 7/84 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physic should be detached for use as the buriol-tronsit permit. Then please remove carbon pape with the State Dept; of Health and Mental Hygiene prior to burial; cremation, or removal. IMPORTANT: If them 21 is marked or them J.R. shows pay injury, or other troumatic event, the



| | | Themy Phone 3-19-8/C STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE |
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| | | STATE APPLICATE OF DESCRIPTION OF DE |
| 47693 111819 | Annual Comment | TEASED NAME FIRST MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO. 120 DATE KNOWN FA WORTH DAY YEAR DE HOUR |
| | | OF ESTI- 2. 0 30 |
| FCTOR. FILES. FOURS STREET, | | CLARA MATED DEATH MATED Machisto 8750M |
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| N3 (15) | 1 | RTHPLACE 76 CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9 BALTIMORE CITY OR COUNTY OF DEATH |
| の記録の人 | Ka | widowed Divorced Montgomer of MD. |
| A WEST | 10.CI | TY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK WIZE KIND OF BUSINESS OR INDUSTRY) OR INDUSTRY) |
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| W SACA | 16a V | VAS DECEASED EVER IN U.S. ARMED FORCES? SOCIAL SECURITY NO. 117 INFORMANT |
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| NO. NO. | | 220. I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry II, and in my opinion |
| A F F F F F F F F F F F F F F F F F F F | 100 | death resulted from: Natural causes |
| AAN WEE E | | ACTUAL POR DETERMINED DATE 346-87 |
| ZHUZHW. | 1 | SIGNATURE Ouclied I De Camp Deputy MEDICAL EXAMINER SIGNED 3 45-87 |
| PE A S | 1 | EXAMINER'S NAMEDICALORD OF ALLACONDO PA |
| TO MEDICAL EXAMINER: T EXECUTE THE CERTIFICATE. PAGE 4 SHOULD BE FORM AFTER DERTY DIRECTOR: P AFTER DEATH, WITH THE ST BALTAMORE, MARYLAND, 2 | | ITYPE OR PRINT) RICHARD 2. WMELTON ADDRESS4700 Berwyn Hours Callotter |
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| DHMH - 17 | 1 | Takoma Funeral Home. Inc. Date REC'D. By REGISTRAR 256 REGISTRAR'S SIGNATURE |
| (VR A15 ME (5)) | 1 | 54 Carroll St. N. W. D. CMAR 18 1007 June Mariden Mariden |
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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Julia Diridon Rondres

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| ī | 1. DECEASED N | | | MIDDLE | | LAST | | 20. DATE OF DEATH | MONTH | DAY YEAR | 26 HOUR |
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| / | DOUNTRY) | | U. | 5.A. | WIDOW | 100 | ORCED | Montgon | ery | | MD. |
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| 1 | 14. FATHER'S NA | | WIDDIE | LAST | | | MAIDEN NAM | | | LAST | |
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| N | OR CONTR | BUTING CAUSE OF DE | | | | | | to tenter and one or | NJOKT BY IIEM 10 | PART TORTANT 2) | |
| | 2 Id INJUI | NOTIFY MEDICAL EXAMINE | P. 21e. PLACE | | 19 | 211 LOCATIO | N . | | | | |
| | WHITE AT WORK | NOT WHILE AT WORK | (AT HOME, ST | REET, FACTORY OFFICE, F. | ARM, ETC) | STREET | | CITY O | RTOWN | COUNTY | STATE |
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| | sow | the deceased olive o | n | 2 128 198 | 7_0 | nd that in (my) | our] opinion de | eath occurred on th | dote and hou | | |
| | 22b. SIGN | | 7 A | arrer deorn. | 17 | DEGREE | | | | 22¢ DATE SI | GNED |
| | A | Mond | Maria | Much | / | A | TENDING K | MEDICAL S | TAFF SICIAN [7] | 3/11/ | <i>'</i> 87 |
| | | CHAN'S NAME (TYPE | | | | 22e ADDRES | | Havard S | | | |
| | Rich | ard P. De | laney, | M. D. | | | Silve | er Spring | , MD 2 | 20906 | |
| | 23a. BURIAL, CR | EMATION, REMOVA | L 23b. DATE | 23c N | AME OF C | EMETERY OR C | REMATORY | 23d LOCATION | | | |
| | Bu | rial | 3/23/ | '87 Ge | ate o | Heave | n Cem- | Silver | | COUNTY MD | STATE |
| | 24 FUNERAL DI | RECTORJoseph | Gawler | s Sons. 1 | | | | REC'D. BY REGISTR | | | RE . |
| | 51 | 30 WI Ave | . NW Was | h., DC | | | MAG | 2 3 1987 | Bulia | Tenden Po | dass |

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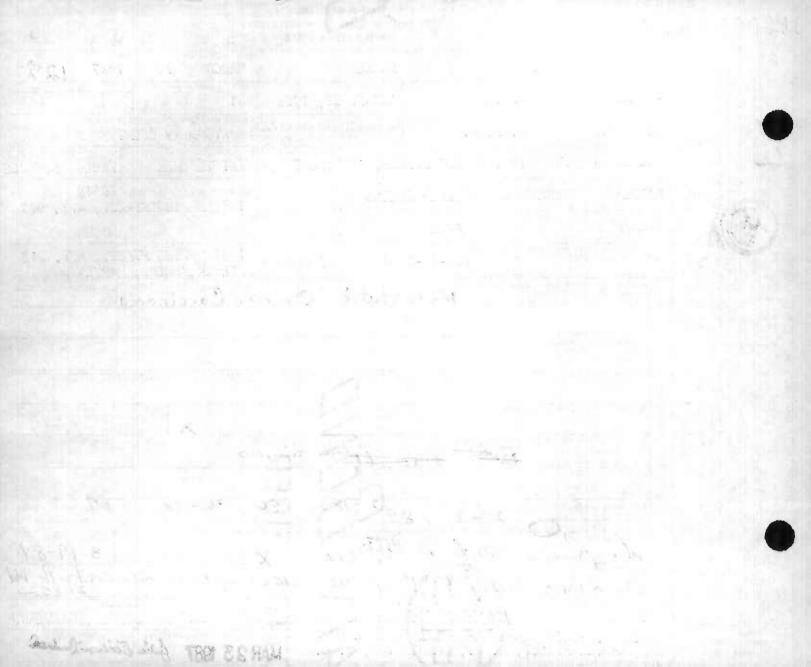
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| be ext on and s. Page | 160 V | VAS DECEASED EVER IN ES, NO OR UNKNOWN) | U.S. AR | MED FORCES? E WAR OR DATES) | 166 SOCIAL SECU 104-18-6 | | SID | MARKER, | 1001 STLV | SPRI | NG ST | REET | , APT | . 612 |
| DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 NG PHYSICIAN: The law requires that the death certificate be exceeded in the form of the certificate has been signed by the attending physician and so the burial-transit permit. Then please remove carbon papers. Pagent that and Americal Hygiene prior to burial, cremation, or removal. The and Americal Hygiene prior to burial, cremation, or removal. | CERTIFICATION | Conditions, if ony, ogove rise to imme couse (ol, stating underlying couse PART 2. OTHER SIGNII | diote the lost. | DUE TO, O | OR AS A CONSEQUE ONTRIBUTING TO E | NCE OF | 100 | | NAL DISEAS | | 20b. IF YE | IVEN IN PA | FINDINGS | S USED DEATH? |
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| DIVISION OF DIVISION OF ADING PHYSICIA Or of the burial- sos the burial- ealth and Mental s marked or them | MEDICAL | (WEITHER NOTIFY MEDICA 21d. INJURY OCCURE WHILE NOT WHILE AT WORK 22d.1 certify that (h) (t) | D | 21e. PLACE (AT HOME, ST | OF INJURY REET, FACTORY, OFFICE, F | ARM, ETC) | 211. LOCATION STREET | | 2_, to | CITY OR TO | NN 8 | COUN | 7 | STATE t (l) (we) fast |
| O HOSPITAL OR ATTER etained by the haspiral TO FUNERAL DIRECTOR should be detached for a with the State Dept. of H MPORTANT: If them 21 is | | saw the deceased above, (1) (we) (dia | inis | view the body | fer Dr. PETER | | OEGREE Ohkas A 1220 ADDRESS | ATTENDING PHYSICIAN S | MEDICAL DIRECTOR | STAF PHYSIC | F | 226. | | Ses stated NED 1-87 |
| BP | 1 | URIAL, CREMATION, RE | | 3/20/ | 1987 M | DUNT . | | CEMETE | RY A | | | ORGES | S, MA | RYLAND |
| DHMH - 16 50M 4/83 (VRA 15, 4) | | NACO MITOSTE 2 CARROLL S | | | | | | 250 DATE | REC'D. BY 1 | REGISTRAR 1987 | | TRAR'S SK | | |



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| nay be page 3 | | 3. SE) | | | RACE | | 5. DATE | | 1111 | A AGE UNIVE | ARS LAST BIRTHDAY | | DER I YEAR | IF UNDER : | D M |
| 4 of e | | 3. JL/ | Female | | Caucas. | ian | MONT | | YEAR | - | - | MONT | | HOURS | MIN. |
| direc ours | 0 | 7n RII | THPLACE (STATE OR FORE | | | WHAT COUNT | 10 | 7 | 94 | 92 | E CITY OR CO | YRS | DEATH | | |
| To have | 1 | MA | w York | | U.S.A | | MARRIE | D NEWER | | | | | JEAIN | | |
| fune thin | - | | Y OR TOWN OF DEATH | | | HOSPITAL, NU | WIDOW | | VORCED | 120 USUAL O | tgomeri | | 26 KIND O | E DI ISINIE | MD. |
| by the filed with | C | | evy Chase | P | | ch FACILITY, GIVE ST | | ut +1 | 0 + | L Homem | OR MOST OF WOR | KING LIFE) | Homem | | 33 OK |
| 2 54 5 | 22 | USU/ | L RESIDENCE (IF NURSING | COUNTY | ER INSTITUTION | 113r. CITY OR T | OWN | 113d INSIDE C | ITY HANTS? | 13e.STREET A | DDPESS / 7IP | CODE | | | |
| A 11 1 | 0 | Mo | nuland M | ontgo | mery | Kensin | gton | YES 🗌 | NO 🗌 | 4213 | Saul Ro | ad | | 208 | 395 |
| E 1 | E | 1 | THER'S NAME | MIDD | DLE | LAST | | | S MAIDEN NA | | MIDDLE | No. | 145 | , | |
| a few miles | 0 | U | Alvah | Wisn | er | Eds | | | olline | Н | owell | 17.2 | Well | ing | |
| ORE CORE | 1 | | 'AS DECEASED EVER IN I | J.S. ARMED YES, GIVE WA | | 16b. SOCIAL S | | 17 INFORMA | | | ADDRESS | | | | |
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| BAN COPPER CO. | | | 18 CAUSE OF DEATH (E | nter anly a | ne cause per | A- A | E1 5 | 0 | 0 | 0 | | | BETWEEN | MATE INTERV | DEATH |
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| 20 th place of the | | | PARTA OTHER SIGNIFIC | CANT CON | DITIONS C | ONTRIBUTING | TO DEATH BUT | NOT RELATED | TO THE TERM | INAL DISEASE | OR CONDITIO | N GIVEN II | N PART 11c | | |
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| A A A A A A A A A A A A A A A A A A A | 1 | FICATION | 190. DATE OF OPERATION | 7 | 196 COND | TION FOR WH | ICH OPERATIO | N WAS PERFO | RMED | 200 AUTOF | SY? 20b. | . IF YES, WE | RE FINDING | GS USED | H2 |
| A 40 1014 | | CERTIF | | | | | | | | YES 🗆 | NOT | YES 📋 | | NO [| |
| FVI STORY IN | 0 | 200 | 21a. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUS | | 21b. TIME C HOUR A | M. MONTH | DAY YEAR | 21c. HOW IN | IJURY OCCURR | RED (ENTERNATU | IRE OF INJURY IN IT | EM 18 PART I | OR PART 2) | | |
| NO SEC. | 71 | MEDICAL | (IF EITHER NOTIFY MEDICALE | | | М. | 19 | | | | | | | | |
| 8 11 14 9 | | WED | 21d. INJURY OCCURRED | | | OF INJURY REET, FACTORY OFF | ICE, FARM ETC.) | 211. LOCATION STREET | N | | CITY OR TOWN | 9 | COUNTY | ST | TATE |
| DIV. | | | NOT WHILE AT WORK | | 24.10 | | 180 | | | | 10 | | | | |
| Sta State | | | 220. I certify that (I) (thi | s haspital) | attended t | e deceased fro | m 170 | odulos in (mos) | _, 19 | to | 110+ | | | that (I) (w | |
| A COUNTY OF THE | | | saw the deceased a abave, (1) (we) (did) 22b. SIGNATURE | (did no) vie | ew the bady | after death. | y, o | | (aur) apinian (| death accurred | an the date ar | id haur and | | | ted |
| A STAN TO ME | | | 220. SIGNATURE | 200 | 0 | | | DEGREE | ATTENDING | MEDICAL _ | STAFF | | 22c. DATE | SIGNED | |
| A TO A STATE OF THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TRANSPORT NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN T | 1 | | 224 PHYSICIAN'S NAME | 1 | SU R | (VVS) | | 22e ADDRES | PHYSICIAN (| DIRECTOR [|] PHYSICIAN [| | 3/12 | -1X+ | |
| HOSP Med Signal | /1 | | Javan | 1 | 10 | - 60 | | . 41 | D | . 1. | a Ko. | | 260. | 111 | 4 |
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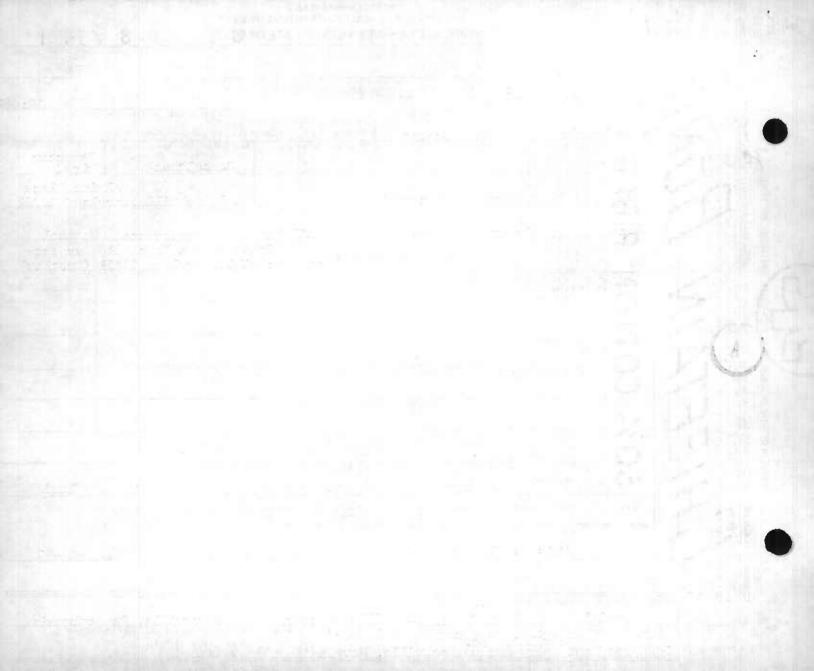
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| DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 1 DEGEASED NAME PRIST ANNETTA R. MATTERN 1 DEGEASED NAME PRIST ANNETTA R. MATTERN 1 S. DATE OF BIRTH MONTH DAY PEAR MONTH D | 2b. HOUR 1. YO M IF UNDER 24 HRS HOURS MIN. |
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| ANNETTA R. MATTERN MARCH 29 1987 3. SEX SEX MATTERN MARCH 29 1987 6. AGE (IN YEARS LAST BIRTHDAY) MONTHS DAYS MONTHS DAYS MONTHS DAYS | 1. 76 AM |
| MONTH DAY YEAR MONTHS DATS | |
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| Female White 11 2 21 65 YRS | |
| 76. BIRTHPLACE (STATE OR FOREIGN TO COUNTRY? 8 MARRIED NEVER MARRIED WASh. D. C. USA WASh. D. C. WHAT COUNTRY? 8 MARRIED NEVER MARRIED NO. 0. MONTGOMEDY COUNTY | |
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| STATE SUPPLY Su | 075 |
| 14 FATHER'S NAME FIRST MIDDLE LAST FIRST MIDDLE LAST | ST . |
| Benjamin Katz Bessie Bricker | |
| 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 160 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS 17 INFORMANT ADDRESS 17 INFORMANT ADDRESS 180 SOCIAL SECURITY NO. 18 INFORMANT ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS AD | ahove |
| N/A 377 20 7010 Gloria Mattern (Daughter) Same as | MATE INTERVAL ONSET AND DEATH |
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| Canditians, if ony, which (b) | |
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| PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 | 01 |
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| 190 DATE OF OPERATION | OF DEATH? |
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| TO CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR 19 19 19 19 19 19 19 19 19 19 19 19 19 | |
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| SI DE LES ES ES AND WHILE INOT WHILE IN AL WORK IN AL W | |
| 270.1 certify that (I) (this haspital) attended the deceased from CCTOBON 19 83 to MARCH 19 19 27 and that in (my) (our) apinion death accurred on the date and hour and from the | that (I) (we) last |
| obove, (I) (we) (did) (did not) view the body ofter death. 276. SIGNATURE 276. SIGNATURE | |
| OS O | 107 |
| 770 PHYSICIAN'S NAME (TYPE OR PRINT) DR. PHYLLIS BRANDSHAFT. M. D. THE ADDRESS 10500 SUMMIT AVENUE DR. PHYLLIS BRANDSHAFT. M. D. | |
| CE O E E E I I KENSINGIUN, MAKYLANU | |
| 236. BURIAL, CREMATION, REMOVAL 23b. DATE 23c NAME OF CEMETERY OR CREMATORY (SPECIETY) | STATE |
| 124-FINERAL DIRECTOR 1250, DATE REC'D. BY REGISTRAR'S SIGNA | |
| OHMH - 16 50M 4/83 (VRA 15, 4) Hines / Rinaldi 11800 New Hamp. Ave. S. S. Md. APR - 3 1987 (VRA 15, 4) | Endre |

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH -- REGISTRAR 20 DATE KNOWN L DECEASED NAME 2h HOUR (TYPE OR PRINT) UCLAY IS NECESSARY, PLEASE 3 TO THE FUNERAL DIRECTOR. IN PAGE 5 FOR YOUR FILES. 3 BE FILED WITHIN 72 HOURS 205, FOR WITHIN 72 HOURS ESTI-1987 Nicole Matthews DEATH MATED Ryan 4. RACE 5 DATE OF BIRTH 6. AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS 2c. DATE PRONOUNCED LAST BIRTHDAY) January 1.87 DEAD AM 1987 /Female White 76 CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH To BIRTHPLACE (STATE OF MARRIED NEVER MARRIED XX FOREIGN COUNTRY) United States Montgomery County Maryland WIDOWED DIVORCED TO CITY OR TOWN OF DEATH 12a USUAL OCCUPATION (TYPE OF WORK Never Worked Rockville Shady Grove Hospital Never Worked USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 134 INSIDE CITY LIMITS? | 136. STREET ADDRESS 708 Old Westminster M36 COUNTY 13c. CITY OR TOWN Carroll Westminster NO X Pike Westminster, Maryland 21157 Maryland TH FORM PM 3. R AGES TAND 2 SH ISION OF VITAL R 14 FATHER'S NAME IS. MOTHER'S MAIDEN NAME LAST John Michael Matthews Patricia Ann Durst 17. INFORMANT John Michael Matthews 708 Old 16g WAS DECEASED EVER IN U.S. ARMED FORCES? 16h. SOCIAL SECURITY NO Not Applicable Westminster Pike Westminster, Maryland APPROXULA E NOW A 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY W. PRESTON ST Sudden Infant Death Syndrome IMMEDIATE CAUSE (o)_ DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. DIVISION OF VITAL RECORDS, 201 PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (d) CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES X NO 21g EXTERNAL CAUSE WAS 21b TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) UNDERLYING OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR UNDERLYING 21e PLACE OF INJURY (AT HOME 21d. INJURY OCCURRED 211. LOCATION 38 STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY WHILE AT WORK TO FUNERAL DIRECTOR: PACAFTER DEATH, WITH THE STATEMORE, MARYLAND, 212 22a I certify that bove, held an and in my opinion death resulted ! Undetermined manner TITLE (SPECIFY) ACTUAL ... Assistant DATE 3 - 2 - 87SIGNATURE MEDICAL EXAMINER EXAMINER'S NAME 111 Penn St., Balto., MD 21201 Charles P. Kokes, M.D. 23c. NAME OF CEMETERY OF CREMATORY Parklawn 23d LOCATION STATE March Rockville, Maryland 1987 Memorial Park 07/84 BP Buria 24 FUNERAL DIRECTOR Robert 25M 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE Pumphrey Funeral Home/ **DHMH - 17** 300 West Montgomery Avenue Rockville, Maryland (VR A15 ME (5))

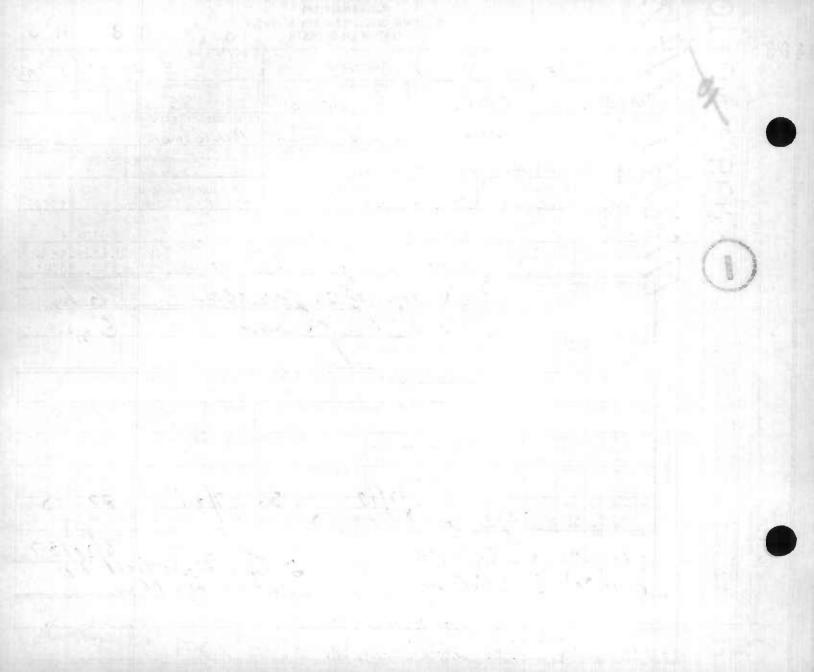


STATE OF MARYLAND 048508 MAR DEPARTMENT OF HEALTH AND MENTAL HYGIENE MEDICAL EXAMINER'S CERTIFICATE OF DEATH I. DECEASED NAME 20. DATE KNOWN XT ESTI-DEATH MATED 3-19-8719 CHARLENE MALICK 3. SEX 4. RACE AGE (IN YEARS IF UNDER 1 YR IF UNDER 24 HRS 2c. DATE 2d HOUR October LAST BIRTHDAY PRONOUNCED Female. White 16, 1948 38 DEAD YRS 3-19-8719 2:48 Th CITIZEN OF WHAT COUNTRY? 70. BIRTHPLACE (STATE OR 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED | NEVER MARRIED | DIVORCED X WIDOWED T Pennsylvania United States Montgomery County 10. CITY OR TOWN OF DEATH NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION COMBUTEL Shady Grove Hospital Rockville Consultant Firm USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13d INSIDECITY LIMITS? | 13e STREET ADDRESS 5529 Halpine Place 13a. STATE 1136. COUNTY 13c CITY OR TOWN Maryland Montgomery Rockville NOXX #201 Rockville Maryland 20851 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE LAST Jack Richard Mauck Lillian Margaretta Maneua1 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO James Eugene Mauck 816 Burdette (YES, NO, OR UNKNOWN) 579-64-6508 Road Rockville, Maryland 20851 (Brother) 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) APPROXIMATE INTERVA PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (0) Pulmonary thromboembolism DUE TO, OR AS A CONSEQUENCE OF Conditions, If ony, which deep leg thrombosis gove rise to immediate couse (o) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. fracture of right ankle PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 IO TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTE THE CRETIFICATE, WRITING THE WORD "PEND PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MED TO FUNKAL DIRECTOR: PAGE 3 SHOULD BE USED AS AFTER DEATH, WITH THE STATE DEPARTMENT OF HEALTH BALTIMORE, MARYLAND, 27201 PRIOR TO BURIAL, CRE 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES 😾 NO [210. EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY .- YEAR UNDERLYING TO OR subject slipped on ice CONTRIBUTING CAUSE OF DEATH 21d. INJURY OCCURRED 21e PLACE OF INJURY (AT HOME. 21f. LOCATION STREET, FACTORY, FARM, ETC.) CITY OR TOWN WHILE AT WORK in front of 3810 Burdette Rd. Rockville, Maryland Autopsy X 22a I certify that I took charge of the remains described above, held on Inspection and in my opinion Accident X Notural causes Homicide Undetermined manner TITLE (SPECIFY) ACTUAL DATE SIGNED 3-19-87 Assistant MEDICAL EXAMINER SIGNATURE EXAMINER'S NAME Margarita A. Korell, M.D. ADDRESS 111 Penn Street (TYPE OR PRINT) 230 BURIAL, CREMATION, REMOVAL 236 DATE March 23c. NAME OF CEMETERY OR CREMATORY 236. LOCATION COUNTY Twin Hills Cemetery | Montoursville, 18 | 1850 DATE REC'D. BY REGISTRAR | 75th REGISTRAR'S SIGNATURE Burial 07/84 25, 1987 Montoursville, Pennsylvania 25M 24. FUNERAL DIRECTOR Pumphrey Funeral Home/ **DHMH - 17** 300 West Montgomery Avenue Rockville, Maryland (VR A15 ME (5))



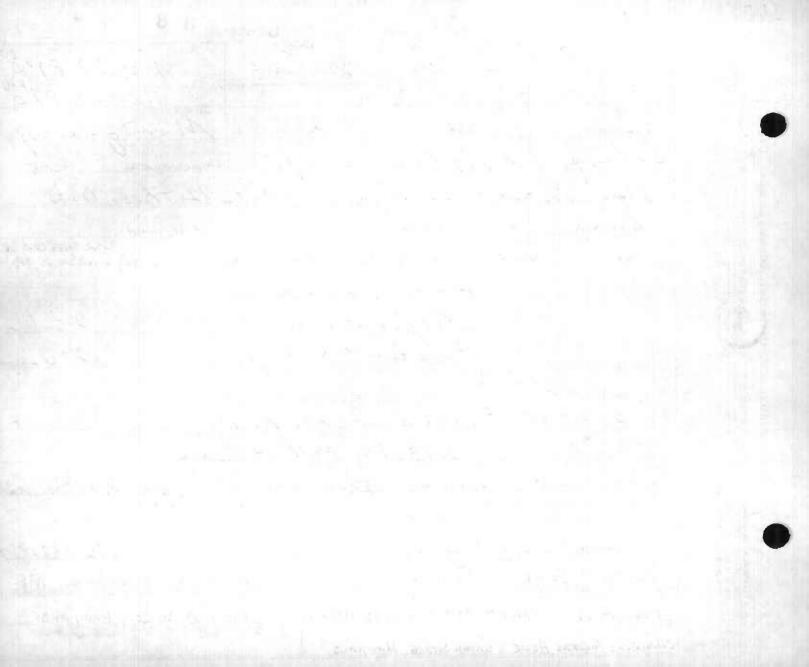
DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 20 DATE OF DEATH 2b. HOUR CTOPE OF PRINTS 4. RACE 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR 5. DATE OF BIRTH IF UNDER 24 HRS MONTH YEAR 1900 August 86 Th CITIZEN OF WHAT COUNTRY BALMMORE CITY OR COUNTY OF DEATH LATE OF FOREIGN MARRIED NEVER MARRIED WIDOWEDXX DIVORCED [NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION KIND OF BUSINESS OR OT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST WORKING LIFE) INDUSTRY Homemaker Homemaker OTHER INSTITUTION GERESIDENCE BEFORE ADMISSION 1136 COUNTY 13e STREET ADDRESS ZIP CODE 5 MOTHER'S MAIDEN NAME MIDDLE MIDDLE Looney Hannah ADDRESS 2 Duncan Branch Ct. 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT SON. Rockville. Md. 20850 McAdam 38-03-7678 8 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY andio pulmona IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF orman Canditions, if any, which gave rise to immediate cause (a), stating DUE TO, OR AS A CONSEQUENCE OF underlying cause acinoma PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART LIG 196 DATE OF OPERATION 206. IF YES, WERE FINDINGS USED 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NOX NO [210. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH LIF EITHER, NOTIFY MEDICAL EXAMINER) P.M THE INJURY OCCURRED 211. LOCATION 21e. PLACE OF INJURY CITY OR TOWN (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE AT WORK 220.1 certify that (1) (this haspital) attended the deceased from saw the deceased alive on and that in (my) (our) opinion death accurred an the date and hour and from the causes stated abave, (1) (we) (did) (did nat) view the body ofter death. 224 SIGNATURE DEGREE 22c DATE SIGNED ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN 22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e. ADDRESS 1721 University Blvd W, Wheeton MD 20902 MARK 230. BURIAL, CREMATION, REMOVAL 23b. DATE 23¢ NAME OF CEMETERY OR CREMATORY 23d LOCATION (SPECIFY) March 21, 1987 Gate of Heaven Cemetery Silver Spring Montgomery Md. Francis J. Collinsons Jr. 1250 DATE REC'D. BY REGISTRAR 250 DHMH - 16 60M 7/84 500 University Blud. West. Silver Spring. Md. (VRA 15, 4) ...

| | | | | STA | TE OF MARYLAND | | | | |
|---------|---------------|--|--|---|----------------------------|-----------------------------|-----------------------|-------------------------------|--------------|
| | 1 | FOR - STATE | | | HEALTH AND MENTAL HY | GIENE | n | 2 7 | 4 3 |
| WR 27 | 97 | REGISTRAR | | | FICATE OF DEATH | O REG. N | | 9 / " | 1 0 |
| M | | CEASED NAME FIRST | MIDD | | DOTA A | | MONTH DAY | | HOUR . 20 |
| 1 | | CLARE | | | RTHY | | 3 21 | 87/ | (7M) |
| 3 | 3. SE | in A | 4 RACE | | OF BIRTH TH DAY YEAR | 6. AGE (IN YEARS LAST BIR | THDAY) IF U | | JNDER 24 HRS |
| | 1 | MALE | CAUC | 0 | 25 01 | 8 | YRS. | | |
| 29 | 7a B | RTHPLACE ISTATE OR FOREIGN | 76. CITIZEN OF WH | AT COUNTRY? | IED NEVER MARRIED | | | DEATH | |
| 2/ | | JEW YORK | USA | | VED DIVORCED | MONTGOI | | 100 | MD. |
| 0 | 10 C | ITY OR TOWN OF DEATH | (IF NOT IN SUCH FA | PITAL, NURSING HOME CILITY, GIVE STREET ADDRESS) | OR OTHER INSTITUTION | 120 USUAL OCCUPAT | | 126 KIND OF BU | SINESS OR |
| 0 | | LVER SPRING | | USS HOSPIT | AL | | | | |
| 201 | 13a. | AL RESIDENCE (IF HURSING HOME STATE 136 COL | DR OTHER INSTITUTION GIVE | RESIDENCE BEFORE ADMISSION | 13d INSIDE CITY LIMITS? | 13e STREET ADDRESS | ZIP CODE | | |
| 2 | | | taomery S | ilver Sprin | | 9302 Wart | h Avenu | 0 | 20901 |
| 2- | 14 F | ATHER'S NAME | MIDDLE | LAST | 15 MOTHER'S MAIDEN N | AME | | LAST | |
| DC | | John | | AcCarthu | Eliabeth | 'n V. | | O'Noi | 2 |
| 01 | | WAS DECEASED EVER IN U.S. A | RMED FORCES? 166 | SOCIAL SECURITY NO | 17 INFORMANT Si | ster | 53427 Se | . Leisu | re Worl |
| 1/ | | | 0.0 | 62-12-5461 | Rose Thomay | on Silver | Spring | Md. 2 | 0906 |
| - | - | 18 CAUSE OF DEATH (Enter PART I. DEATH WAS CAUS | only ane couse per line | farial, (b), and (c).) | 0 | | | APPROXIMATE BETWEEN ONSE | |
| | | | ATE CAUSE LOS | es Ospe | rassou an | eumou_ | | 6 h | 45 |
| ate | | | DUE TO PRAS | A CONSEQUENCE OF | 1 1. | | | April 1 | |
| | | Canditions, if any, which | (tb | your. | My 16 | ere | | (5 sp | 1 |
| ψ. | | gove rise to immediate cause [a], stating the | DUE TO, OR AS | A CONSEQUENCE OF | / | | | | 211 |
| | | underlying cause last | (c) | | / | | | | |
| ٠,٧ | 1, | PART 2 OTHER SIGNIFICANT | CONDITIONS CONT | RIBUTING TO DEATH BE | IT NOT RELATED TO THE TER | MINAL DISEASE OR CON | DITION GIVEN | IN PART Tra | |
| = | CERTIFICATION | | | | | | | | |
| 19 | NO. | 14s DATE OF OPERATION | 14P CONDILIO | N FOR WHICH OPERATI | ON WAS PERFORMED | 70s. AUTOPS17 | | ERE FINDINGS G CAUSES OF I | |
| _ | 1 2 | | | | | YES NO | YES [| N | 0 🗆 |
| 2 | | 21s. ACCIDENT WAS UNDERLYING OR CONTRIBUTING TO CAUSE OF IT | the state of the s | MONTH DAY YEA | SIF HOM INTRIA OCCU | RRED (ENTER NATURE OF POLIC | IT IN ICENS IN PART I | OFFHET2) | 1 |
| E / | CA | OF EITHER, NOTIFY MEDICAL EXAMIN | P.M. | 19 | | | 4 . 0.0 | | 100 |
| | MEDICAL | 214 INJURY OCCURRED | 71e PLACE OF I | NJURY FACTORY, OFFICE TARM, ETC.) | ZII LOCATION | £395 OK 10 | ATT. | сринех | \$2400 |
| | 1 | Number Not work | | 121 | | 1 3/ | | | |
| | | 22s.1 certify that (1) (this has | | | 19_0 | G 10 5/2/ | 19_ | # / that | (Del fost |
| | | saw the deceased alived above, (II (we) Edid (did) | ngti Kew the body after | program 10 | and that in my our apinion | n death accurred on the di | ste and hour an | d from the cour | rs stated |
| Her | | 72h SIGNATURE | 4 4 | 0 | DEGREE | MEDICAL STAL | | The Date Sign | 5- |
| - | | Murron | of DO | unw | ATTENDING PHYSICIAN | DEPRECTOR PHYSIC | IAN | 0/21/ | 2/ |
| RTA | | 724 PHYSICIAN'S NAME (1114 | 1 1 1 h1 | V | The ADDRESS 230 | 9 SHOK | 1971 | 4 1/ |) |
| PORTANI | | MYKON | L. CEIVI | 100 | (1) | SEATON, | New | 1 | |
| < | 23o | BURIAL, CREMATION, REMOVA | L 23b. DATE | 23c NAME OF | CEMETERY OR CREMATORY | 23d. LOCATION | | DUNTY | STATE |
| _ | 1 | Runial | Mar. 25 | 1987 Rachui | le Cemetery | Rochville | Monte | aomeru l | Md. |
| 7/84 | 24 F | UNERAL DIRECTOR Franci | s J. Coll | ins opposits. | 250 DA | ATE REC'D. BY REGISTRAR | 256 REGISTRAR | SSIGNATURE | delle |
| | | 00 University 1 | | | na Md. | 2 3 1987 | | | |



DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR McCloughan, S DATE OF DEATH I DECEASED NAME FIRST Donald Carl 4:00 3. SEX 4 RACE 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 24 HRS Sept. 12, 1900 White 86 BALTIMORE CITY OR COUNTY OF DEATH 76. CITIZEN OF WHAT COUNTRY? MARRIED A NEVER MARRIED Pennsylvania Montgomery County United States WIDOWED 10 CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 126 KIND OF BUSINESS OR Holy Cross Hospital Silver Spring District Inspector Railroad Montgomery 13e STREET ADDRESS / ZIP CODE 1201 Viers Mill Road / 20906 Maryland Wheaton 4. FATHER'S NAME 15. MOTHER'S MAIDEN NAME Charles FIRST MIDDLE Goldman Reed Carrie 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17. INFORMANT ADDRESS 13113 Vandalia Dr. (YES, NO OR LINKNOWN) Oct-Dec 1918 Rockville, MD 2085: 712-16-6141 Donald C. MCCloughan, Jr. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), on one PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o Conditions, if ony, which gove rise to immediate (o), stoting underlying couse lost. CERTIFICATION ACCIDENT WAS UNDERLYING HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING T CALIFE OF DEATH 714 INJURY OCCURRED THE PLACE OF INJURY 711 LOCATION CITY OF TOWN COLINITY AT HOME STREET, EACTOWN OFFICE FARM, ETC.) WHAT NOT WHAT E 17a I certify that (I) (the baspital) attended the and that in (my) (aur) opinion death occurred on the date and hour and from the causes stated DEGREE 2N. DATESIGNED ATTENDING MEDICAL STAFF should be deto MPORTANI TTE AUDRESS 23¢ NAME OF CEMETERY OR CREMATORY 230. BURIAL, CREMATION, REMOVAL (SPECIFY) Cremation 3-29-87 Metropolitan Crematory Alexandria Richard Rapp, Inc. et, NW, Washington, DC DHMH - 16 60M 7/B4 Street, NW. 20009 (VRA 15, 4)

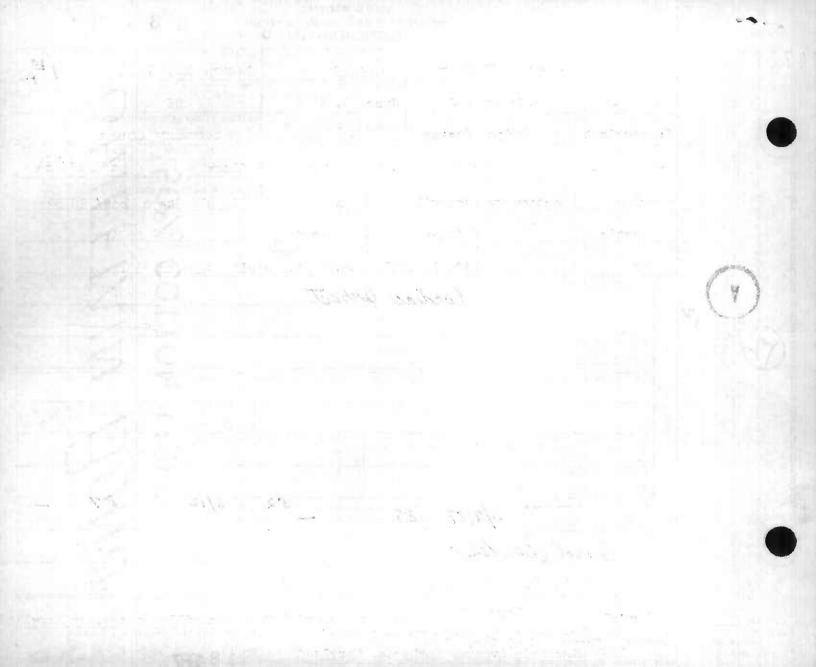
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| | | EGISTRAR MEDICAL EXAMINER'S | CERTIFICATS OF DEATH | 3 1 2 1 2 2 2 |
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| F 5 5 12 | 0.02 | MONTH DAY YEAR LAST BIRTHDAY | | 1 20000 |
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| VARABLE C | 10 CI | OR TOWN OF DEATH II. NAME OF HOSPITAL, NURSING HOME, OR OT | | 126 KIND OF BUSINESS |
| THE SERVICE Y | 1 | (IF NOTAN SUCH FACILITY, GIVE TREET ADDRESS) | FOR MOST OF WORKING LIFE) | OR INDUSTRY |
| ALTHO - | U CUL | HOLL CLOUS 14 | Homemaker Homemaker | HOME |
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| ■25g至ま17 | 1 | 220 I certify that I taak charge of the remains described above, held on Auto | psy . Inspection Inquiry . and in m | y opinion |
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| | | STATE OF MARYLAND |
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| 8 A 4 2 HAR 24 1 | 7 | REGISTRAR CERTIFICATE OF DEATH BREG. NO. U 8 / 4 6 |
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| OR ATTOOR ATTOOR OF ATTOOR | -30 | THE SIGNATURE 221 DATE SIGNED |
| £ 0 × | | ATTENDING MOTORIAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 3/17/82 |
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| DHMH - 16 60M 7/84 | | NAME PROVINCES J. COLLENDINGS JA. |
| (VRA 15, 4) | 50 | O University Blvd. W. Silver Spring, Md. MAR 2 3 1987 |

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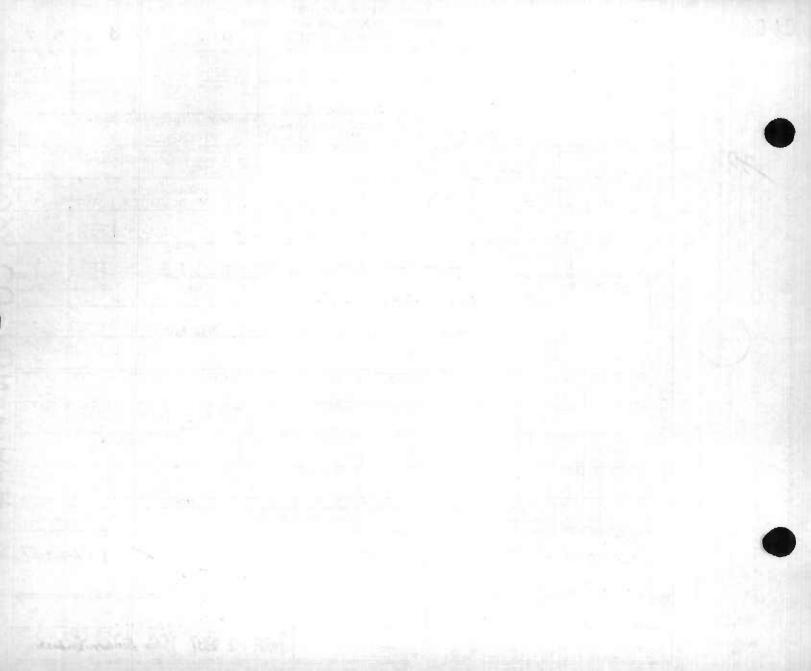
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE 0 1 8 7 6 0 MAR 31 + STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR 1. DECEASED NAME a. DATE KNOWN 26 HOUR (TYPE OR PRINT) OF ESTI-DEATH MATED DATE LAST BRINDAY PRONOUNCED DEAD Je BIRTHPLACE CHATLOS 9 BALTIMORE CITY OR COUNT MARRIED NEVER MARRIED Virginia WIDOWED Y DIVIDROED Homemaker Homemaker Us. STATE 114 STREET ADDRESS A FATHER'S NAME MIDDLE LAST Mason Strother Mr. WAS DECEASED EVER IN U.S. ARMED FORCES? IT INFORMAN 10806 Tenbrook Dr. Silver Spring, Md Booth 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a)_ DUE TO. OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 IQ USED AS A B ARTING THE CHIEF AND ARE SHOULD BE USED A ATE DEPARTMENT OF HEA ATE DEPARTMENT OF HEA ATE OF A 19a. DATE OF OPERATION 19% CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES [] 21a. EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 OR HOUR A.M. MONTH DAY YEAR UNDERLYING CONTRIBUTING CAUSE OF DEATH P.M. 21e PLACE OF INJURY (ATHOME, 211. LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN WHILE NOT WHILE COUNTY AT WORK AT WORK TO MEDICAL EXAMINER: THE EXECUTE THE CERTIFICATE, VPAGE 4 SHOULD BE FORW TO FUNKAL DIRECTOR: PATER DEATH, WITH THE STABALTIMORE, MARYLAND, 2 22a I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry and in my apinion death resulted fram: Suicide Undetermined manner TITLE (SPECIFY) ACTUAL SIGNATURE John S. Rogers, M.D. EXAMINED SMAME 1919 Seminary Rd., Silver Spring, Md. 23a BURIAL, CREMATION, REMOVAL 23b DATE March 24, 1987 Metrapolitan Crematory Alexandria Francis J. Collins, Jr. 230. DATE RECD. BY REGISTRAR 230-RI Cremation Virginia 25M 24 FUNERAL DIRECTOR **DHMH - 17** Aulia Dandern Re 500 University Blvd. WEst, Silver Spring, Md. (VR A15 ME (5))



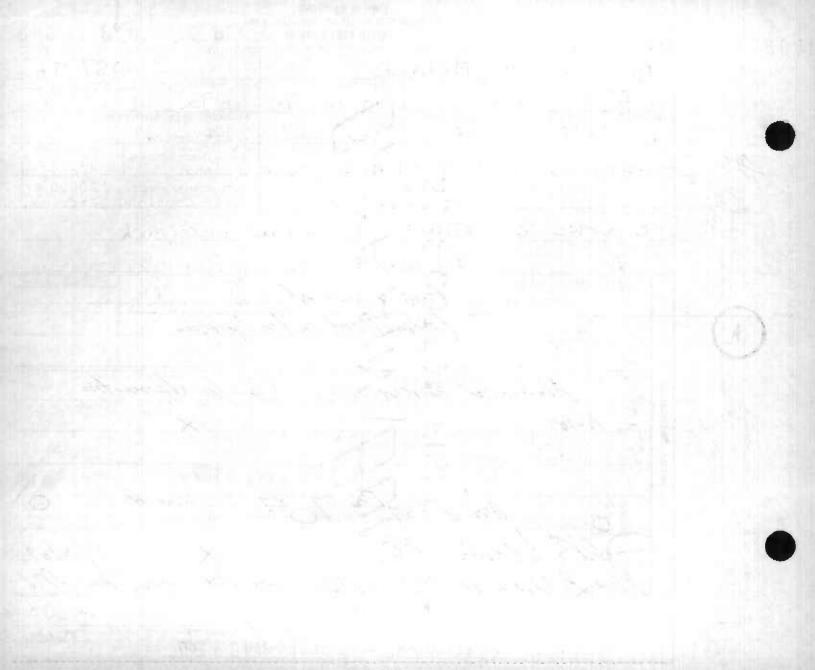
| | I | tem #16b, G-6 | 525, 3/ | 18/87 b | Y STAT | E OF MARYLAND | | | | |
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| he deoth of the deoth of the attending | | Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost. |) | AS A CONSEQUE | | CTIVE PULMON | TARY DISEAS | <u> </u> | | W. 11. P.F. |
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| TTENDIN prital ar :TOR: Af for use a of Health | | 22a.) certify that (1) (this hospi sow the deceased alive on above, (1) (we) (did) (did no | 07 MARCI | deceosed from_ | 7 | EBRUARY , 19 87 and that in (my) (our) opinion | | | | that (1) (we) lost |
| DR A Possible Pept. | | 226. SIGNATURE | ni view ine dody o | ner deom. | | DEGREE | | | 22c DATE | SIGNED |
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| HOSPII Dined by FUNEF Duld be th the St | | 22d PHYSICIAN'S NAME TYPE O | OR PRINT) | | | 22e ADDRESS NAVA | L HOSPITAL | | | |
| TO HOSPITAL retoined by 11 TO FUNERAL should be der with the Store IMPORTANT. | | E. P. FOX, LT | , MC, USI | NR | | BETH | ESDA, MD 20 | 314-50 | 11 | |
| | 23a B | BURIAL, CREMATION, REMOVAL | 23b. DATE | 236. 1 | NAME OF C | EMETERY OR CREMATORY | 23d LOCATION | | COUNTY | STATE |
| (1616BP 9 | _ | CREMATION | 3/8/87 | | e Cre | ematory | Washingto | | 2. | |
| DHMH - 16 60M 7/84 | | UNERAL DIRECTOR MURPHY | | | | L MA | E REC'D, BY REGISTRAR | 256. REGISTR | AR'S SIGNATI | URE |
| (VRA 15, 4) | | 10 Wilson Blvd | | | 2220 | MA | 1/1 1 1201 | furna 104 | MICHINA C | ALCOHOL: |





9.5 Ecv. 7, 1903 78 Month Committee 503. Yr Attorny E.S. Copt. of June 10 • 67 7 101 Mont. Hevy Chane x 8101 of Ave. 10815 19 H = 1() 3, 00 - 40 months 3 months 4. 50 months Tir 5777-6-1816 .om : letrier 1911 .ooirow ... Salar San Day of the Control of the 0 6 2 Aurial 1507.27 Sate of Peavest Cott. 15. 100., ha . Out . order a tradium a demon.

FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO U DECEASED NAME 20 DATE OF DEATH MONTH 2h HOUR Michiel LICE 4. RACE 5 DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR YEAR caus. 95 10 70. BIRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED York WIDOWED DIVORCED [Montgomerv IN CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 12b. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Corridge Hill nursing Silver Spring Teacher Education ME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 20008 IN COUNTY 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET ADDRESS / ZIP CODE Wash. D.C. YES X NO 2918 Cortland Place' IS MOTHER'S MAIDEN NAME 14 FATHER'S NAME Edlina 25 char 6 mccormick HNNO 166 SOCIAL SECURITY NO 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 302678 No Marthe M. Norbury: See #13 above 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I, DEATH WAS CAUSED BY IMMEDIATE CAUSE (O DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (o), stating DUE TO, OR AS A CONSEQUENCE OF underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 IFICATI 190 DATE OF OPERATION 20g AUTOPSY? 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES | 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH LIF EITHER NOTIFY MEDICAL EXAMINER 21d INJURY OCCURRED 211 LOCATION 21e PLACE OF INJURY CITY OR TOWN COUNTY STATE AT HOME STREET, FACTORY, OFFICE, FARM ETC 1 NOT WHILE 220.1 certify that (1) (this haspital) attended the deceased fram. sow the deceased alive an abave (1) we) (did) (did not) view the body after death win cleath occurred on the date and hour and from the causes stated 226 SIGNATURE DEGREE 221 DATE SIGNED ATTENDING MEDICAL. PHYSICIAN DIRECTOR PHYSICIAN MPORTANI 22e ADDRESS 230 BURIAL CREMATION, REMOVAL 23b DATE 231 NAME OF CEMETERY OR CREMATORY 23d LOCATION Darlington, New Jersey (SPECIFY) Marvrest Cemetery Burial 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNARY 24 FUNERAL DIRECTOR DHMH - 16 60M 7/84 Ives-Pearson F. H. Arlington, Va 22201 (VRA 15, 4)



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| 41- | REGISTRAR | | | | CERTIF | | RÉG. NO | 0. | | |
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| SE | | 100 | 4 RACE | 1-12-1-1 | 5. DATE C | | 6 AGE (IN YEARS LAST BIR | THDAY} | MONTHS DAYS | |
| | female | 76. | Whi | te | 4 | 16 44 | 92 | YRS | MONTHS DATS | HOURS |
| a BI | RTHPLACE (STATE OR | FOREIGN | 16 CITIZEN OF | WHAT COUNTRY? | 8 MARRIE | D NEVER MARRIED | 9 BALTIMORE CITY O | R COUNT | Y OF DEATH | |
| | Maryland | | US | | WIDOWE | DIVORCED [| | | County | |
| 10 CI | TY OR TOWN OF DE | ATH | (IF NOT IN SU | CH FACILITY, GIVE STREET | ADDRESS) | OR OTHER INSTITUTION | 120 USUAL OCCUPATE (TYPE OF WORK FOR MOST O | | | OF BUSINES |
| 200 | Silver Spr | | | a Woodland | | sing Home | Housewife | 9 | | |
| 13a S | AL RESIDENCE (# NUR STATE | 136 COUN | ITY | 13c CITY OR TOW | N | 134 INSIDE CITY LIMITS? | 130 STREET ADDRESS | | | |
| | aryland | Monte | gomery | Damascu | S | YES NO | 9875 Mai | n St. | 208 | 72 |
| 4 1/2 | THER'S NAME | | MIDDLE | LAST | | IS MOTHER'S MAIDEN NAM | MIDDLE | | L/ | AST |
| 6- 21 | Georg | | | urdette | DITYNIO | Eliza | | CC 000 | Watkins | 3 |
| | VAS DECEASED EVER | | E WAR OR DATES) | 166 SOCIAL SECU | | 17 INFORMANT | | | O Main | |
| | NO | | | 219-54-71 | 4// 3: | Emily Cla | odieLter, | Dam | ascus, | Md. |
| | Conditions, if ony gave rise to im cause (a), stati underlying causi | y, which nmediate ing the | DUE TO, O | R AS A CONSEQUE | NCE OF | TIC CARNIOVA | | | | |
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DHMH - 16 60M 7/8 (VRA 15, 4)

oiln L. Molesworth, P.A., Damascus, Md.

. Winnes Transparent Milwer Series | Lines | Series | Description | Description | out law light and leadens a constant yet the (Padas E and the second The state of Codeston, common to the 186 gyranogenou, a communit. The manager of 1801, 36 rest. Le war Cair G. agasacto, A. J. Marcaga, 24.

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

BUSINESS OR

not (I) (we) lost

| 1 - | FOR STATE REGISTRAR | | | DEPARTM | | EALTH AND MENTAL HYG ICATE OF DEATH | B REG. NO | 0 | 8 / | 5 5 |
|---------------|--|--|---|---|-----------------------------|--|--|----------------------|---------------------------------|-----------------------------------|
| | CEASED NAME OR PRINT! | FIRST Li'Se | Ĥ | AIDDLE . | MiL | e y | 3/12/87 | MONTH DA | | 12 41 (1 |
| SEX | Female | | White | | S. DATE O | | 6. AGE (IN YEARS LAST BIRT | YRS | DAYS DAYS | IF UNDER 24 HRS HOURS MIN. |
| | RTHPLACE (STATE OR F | OREIGN | 76. CITIZEN OF V | WHAT COUNTRY? | B. MARRIEI WIDOWE | DEVER MARRIED DEVER DIVORCED | 9. BALTIMORE CITY O | R COUNTY C Comery | OF DEATH | M |
| | ty or town of DEA koma Park | TΗ | 11, NAME OF H (IF NOT IN SUC Wash | iospital, nursin fracility, give street a ington Ad | GHOME C DDRESS) Venti | st Hospital | 170. USUAL OCCUPATION OF THE OF WORK FOR MOST OF HOME MAKE | | 126. KIND O INDUSTRY OW N | home |
| 3a. S | AL RESIDENCE (IF NURS STATE aryland | 136 COUN | | Silver S | | 13d. INSIDE CITY LIMITS? | 13e STREET ADDRESS / 803 Violet | ZIP CODE Place | 20 | 910 |
| I. FA | THER'S NAME FIRST Floy d | | MIDDLE | Harmison | | Louisa | ME | | Lamb | en |
| | VAS DECEASED EVER YES. NO OR YNKNOWN) N/A | | E WAR OR DATES) | 577-07-3 | | 17 INFORMANT Thomas W. Mil | | | | k Lane 120 |
| | PART I. DEATH W Conditions, if ony, gove rise to imm cause (0), statin underlying cause | AS CAUSE IMMEDIAT which nediote | D BY. E CAUSE (a) DUE TO, OI | R AS A CONSTQUE | NCE OF | y ordening | a lanctio | v. | BETWEEN | imate interval Onset and death |
| CERTIFICATION | PART 2 OTHER SIGN | | | | | NOT RELATED TO THE TERM | 200 AUTOPSY? YES NO 3 | 20h IF YES, | WERE FINDIT | NGS USED |
| MEDICAL CER | 210 ACCIDENT WAS UND OR CONTRIBUTING (IF EITHER, NOTIFY MEDIC 21d, INJURY OCCURE | AUSE OF DEA | | m. month da m. | YEAR 19 | 21c. HOW INJURY OCCUR | | | | |
| WE | WHILE NOT WHAT WORK AT WOOD 22a. I certify that (I) saw the decease obove, (I) (we) (c | (this haspi ed alive an | tal) attended th | e deceased from | 2 · 3 | street 19 57 Indicate that in (my) (aur) apinion | ta 2 · // death accurred an the de | , 1 | and fram the | |
| | 22b. SIGNATURE | 21. 1 | and of | | | DEGREE MAL | | | 22c. DATE | SIGNED |

MD 230 BURIAL, CREMATION, REMOVAL BURIAL 23b. DATE

3-16-1987

23c. NAME OF CEMETERY OR CREMATORY Sunset Memorial Park

Woodstock

ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN

COUNTY Virginia

Mar. 12, 1987

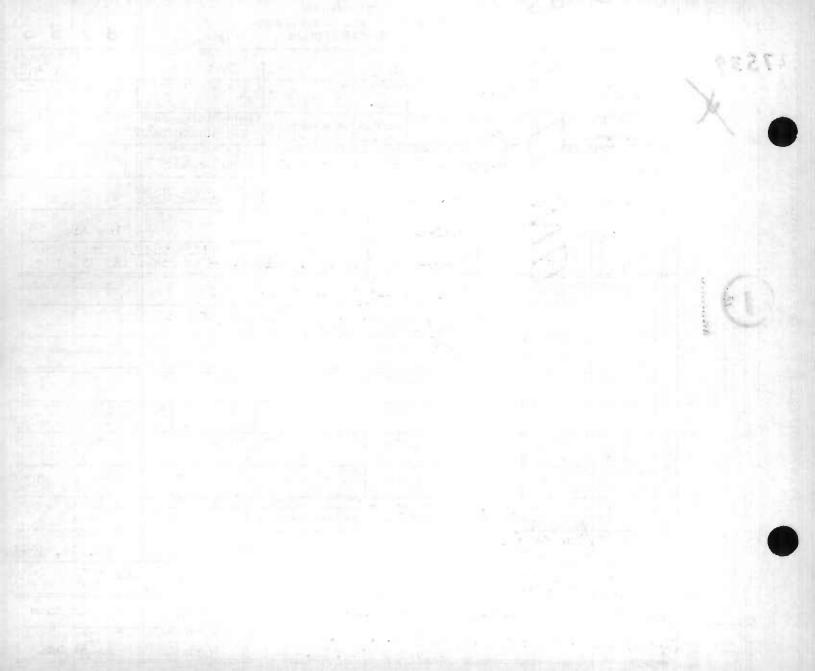
14 FUNERAL DIRECTOR Hines/Rinaldi Funeral Home 11800 N.H. Ave.,

Silver Spring, Md.

250 DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

DHMH - 16 60M 7/84 (VRA 15, 4)

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DHMH - 16 60M 7/84 (VRA 15, 4)

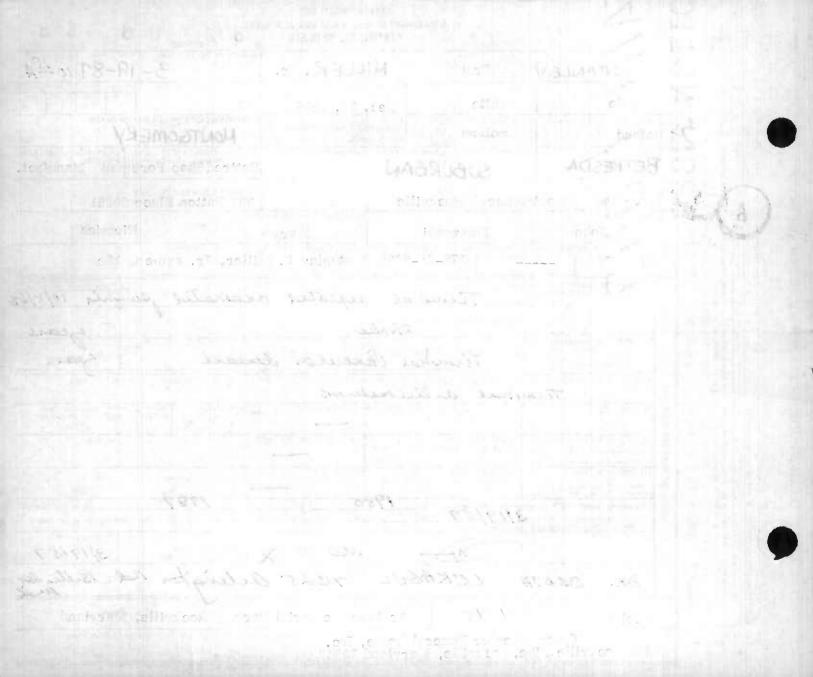


Silver Spring, Md.

(VRA-15, 4)

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO . DECEASED NAME 20 DATE OF DEATH MONTH 26 HOU (TYPE OR PRINT) STANLEY Frank 4. RACE 5. DATE OF BIRTH AGE LIN YEARS LAST BIRTHDAY IF UNDER ! YEAR MONTH White Male Dec. 14, 1908 To BIRTHPLACE (STATE OR FOREIGN Th CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Poland Poland DIVORCED [IN CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION Manufact. 12b. KIND OF BUSINESS OR Retired Shop Foreman 13e STREET ADDRESS / ZIP CODE Montgomery Maryland Rockville 307 Patton Place 20851 YES X NOF 15 MOTHER'S MAIDEN NAME 4. FATHER'S NAME Muszyski Mary Niemiec John ADDRESS 16b. SOCIAL SECURITY NO 17 INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? Stanley F. Miller, Jr. same as 13e 578-01-9876 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (c).
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate DUE TO, OR AS A CONSEQUENCE OF Vaxendos dulan couse (a), stating underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PAR CERTIFICATION 90 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED 20e AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NOIX NO T 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 21d INJURY OCCURRED 21f LOCATION 21e PLACE OF INJURY CITY OF TOWN (AT HOME STREET, FACTORY, OFFICE, FARM ETC.) NOT WHILE 180 220.1 certify that (1) (this hospital) attended the deceased fram saw the deceased alive on 3/19/87 abave, (I) (we) (did) (did not) view the body after death , and that in (my) (aur) apinian death occurred on the date and haur and from the causes stated 776. SIGNATURE DEGREE 220 DATE SIGNED ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN 72d PHYSICIAN'S NAME (TYPE OF PRINT) the the LEKAGUL C350771 0 230. BURIAL, CREMATION, REMOVAL 231 NAME OF CEMETERY OR CREMATORY 3/23/87 Burial Parklawn Memorial Park Rockville, Maryland 24 FUNERAL DIRECTOR FUNERAL DIRECTOR Tyson Wheeler Funeral Home, Inc. 1331 Rockville Pike, Rockville, Maryland 20852 250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE DHMH - 16 60M 7/B4 (VRA 15, 4) Leve Interstall a .



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1 ~ REGISTRAR I DECEASED NAME 20. DATE KNOWN (TYPE OR PRINT) OF ESTI-198 3 EDWAKD DATE OF BIRTH 6. AGE (IN YEARS IF UNDER 24 HRS 3. SEX DATE LAST BIRTHDAY) PRONOUNCED M DEAD 70. BIRTHPLACE 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Washington, D.C. U.S.A. DIVORCED IN CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 1.0n Owner. Service Stat-13a STATE 3d INSIDE CITY LIMITS? 13e STREET ADDRES 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE LAST Stephen Miller. Sr. Edward Millon Anna 166 SOCIAL SECURITY NO. ADDR \$294 Elm Grove Cir. 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 7. INFORMANT daughter (YES, NO. OR UNKNOWN) (IF YES, GIVE WAR OR DATES) Silver Spring Md. 20904 578-10-0121 Katherine Whelan no 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c),) PART I DEATH WAS CAUSED BY nyocarbia INFARCTION IMMEDIATE CAUSE (o Conditions, if any, which gave rise to immediate cause (o) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH RUT NOT RELATED TO CERTIFICATION 190. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? YES [NO I 21a EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM TO PART 1 OR PART 2 OR HOUR A.M. MONTH DAY UNDERLYING CONTRIBUTING CAUSE OF DEATH AT WORK AT WHILE 220. I certify that I took charge of the remains described above, held an Autopsy Inquiry and in my opinion Haturol couses death resulted from: A dent Suicide Hamicide Undetermined manner TITLE (SPECIFY AFTER DEATH, 230. BURIAL, CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION Burial Mar. 11, 1987 St. John's Cemetery Forest Glen Montgomery 07/B4 BP 24 FUNERAL DIRECTOR Francis J. Collins, Jr. **DHMH - 17** Julia Dividson Randania (VR A15 ME (5)) 500 University Blvd. West. Silver Spring. Md



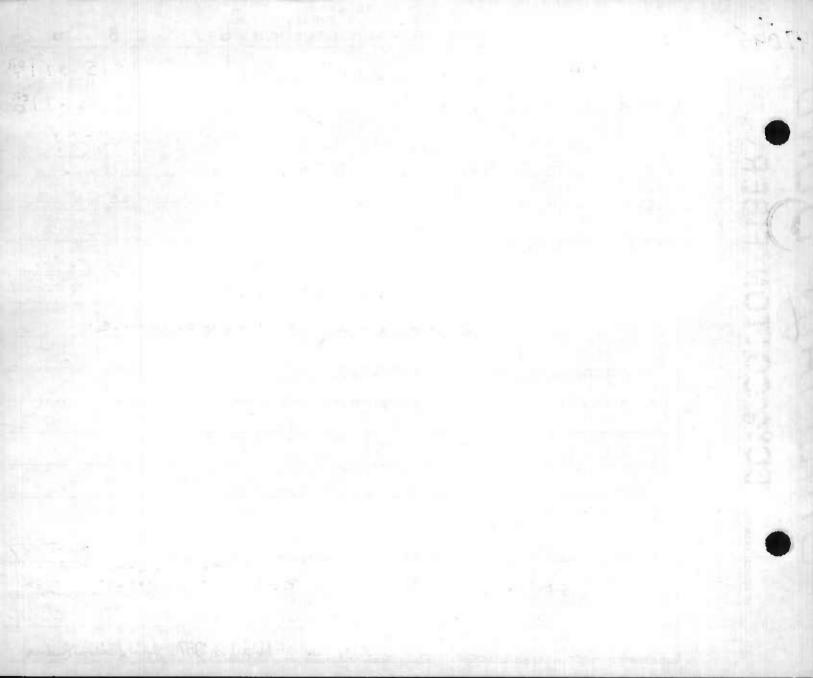
| • | 1 | FOR STATE | DEPA | RTMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH | GIENE | 8 / 6 0 |
|--|---------------|---|------------------------------------|---|---|---|
| 2012 410 | 1 6 | REGISTRAR ECEASED NAME FIRST | MIDDLE | CERTIFICATE OF DEATH | REG. NO. | DAY YEAR 126 HOLLR |
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| oy b | 3.58 | VIFAIR | A RACE | 5. DATE OF BIRTH | 6. AGE (IN YEARS LAST BIRTHDAY) | IF UNDER I YEAR IF UNDER 24 HRS |
| offer. B | 3 31 | · [] | | MONTH DAY YEAR | B. AGE (IN TEARS LAST BIRTHDAT) | MONTHS DAYS HOURS MIN. |
| irect ours | 12. 6 | The Mark | Caucasian- | 7 15 95 | YRS. | 107.07.1711 |
| orth. P | /0. 2 | SIRTHPLACE (STATE OR FOREIGN COUNTRY) | 76 CITIZEN OF WHAT COUNT | MARRIED WEVER MARRIED | | |
| deo deo | 10 0 | CITY OR TOWN OF DEATH | United State | SING HOME OR OTHER INSTITUTION | | County, MD. |
| offer of the |) " | D In | (IF NOT IN SUCH FACILITY, GIVE ST | | 120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING I) | |
| 2 3 E | 1051 | JAL RESIDENCE LIE NURSING HOME OR | GEOSVENCK 19 | es the coulenter | Homemaker | Own Home |
| d be ded | 130. | STATE 136 COUN | NTY . ISC CUTY OR T | OWN 13d INSIDE CITY LIMITS? | 13e.STREFT ADDRESS / ZIP CODE | |
| y fill y | | | tgomery Chev | y Chases NOX | 5480 Wisconsi | n <u>Avenue</u> |
| detel day | 1 | | MIDDLE | 15. MOTHER'S MAIDEN N | WIDDLE | **** |
| omple omple | | E. G | | | | hidsey |
| nd condico | | WAS DECEASED EVER IN U.S. AR. (YES, NO OR UNKNOWN) (IF YES, GIV | E WAR OR DATES) | Λ , | ~ ADDRESS 1 W | illard Avenue |
| S. Po | | NO | 57.75 | 2-2374 Marilyn M | . Gould Chevy | Chase MD 208 |
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| ph onp emo | - | | TE CAUSE (o) | cessation of to | Altradial | 5 min |
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| physical phy | | OR CONTRIBUTING CAUSE OF DEA | | DAY YEAR | (Eller Miller of Miller in the Miller | Ant ton tant of |
| ding ding wis cer buring Menti | MEDICAL | (IF EITHER NOTIFY MEDICAL EXAMINER | P.M. 21e PLACE OF INJURY | 19 21f LOCATION | | |
| the the bond of | ME | WHILE MOT WHILE | (AT HOME STREET, FACTORY, OFFI | | CITY OR TOWN | COUNTY STATE |
| Afte e os olth nork | - | AT WORK | | m Dra. 1050 | 10 moreh to | 63 |
| OR: Truss Hee | | saw the deceased olive on | MALLI 20 | 2 | n deoth occurred on the date and hou | 19 that (I) (we) fast |
| ATI ospi ospi d fo m 2 | | obove, (I) (we) (did) (did no | t) view the body ofter death. | DEGREE | deall accurred on the date and not | |
| OR Oche DIR | | 220. SIGNATURE | 80 | . ATTENDING | MEDICAL STAFF | 22c. DATE SIGNED |
| ERAL ERAL Store | 4 | 22d. PHYSICIAN'S NAME (TYPEO | Jusoch | PHYSICIANO | DIRECTOR PHYSICIAN | 13/40/17 |
| FUNER old be d | | MAN I | RPRINT) | 226 ADDRESS | | 1 25 |
| etoined by TO FUNERA should be de with the Stot | | MINON | CUDAL | 1001-6, | Nu wosh oc | 00037 |
| | 230 | BURIAL, CREMATION, REMOVAL | | 30 NAME OF CEMETERY OR CREMATORY | 1 CITY OF TOWN | COUNTY STATE |
| BP | - | Cremation | Mar.21,198 | 7 Metropolitan C | rem Alexandria | Virginia |
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| | | EASED NAME | FIRST | ٨ | AIDDLE | , (| AS1 | 20. DATE OF DEATH | MONTH D | | b. HOUR |
| noy be | TIAME | ORPRINT) FLOT | ence | 0 | G. | 1+01 | nell | | 3 3 | 3 1987 | 220 Pm |
| o boo | 3. SE | | | ACE | | 5. DATE C | | 6. AGE (IN YEARS LAST B | | | IF UNDER 24 HRS |
| ctor, p | , | <i>lemale</i> | Ca | aucasi | an | MONTH | 19 1905 | 8 | BD VDS " | ONTHS DATS | HOURS MIN. |
| direction of the | | RTHPLACE (STATE OR FO | REIGN 7b. C | ITIZEN OF | WHAT COUNTRY? | 8 | | 9. BALTIMORE CITY | OR COUNTY | OF DEATH | |
| TE 08 | | Virginia | | U.S.A | | | NEVER MARRIED | m in | | Com | h |
| 100 | _ | TY OR TOWN OF DEAT | н 11. | | | WIDOWE G HOME C | DXX DIVORCED R OTHER INSTITUTION | 17ª USUAL OCCUPA | TION | 176 KIND OF | BUSINESS OR |
| 13/4 X | C | 1 Ca | | | HEACHTY, GIVE STREET | ADDRESS | 1 | TYPE OF WORK FOR MOST | | INDUSTRY | , |
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| d be | 13a S | AL RESIDENCE IN NURSING TATE | 36 COUNTY | R INSTITUTION, | 13c CITY OR TOW | N ADMISSIONI | 134 INSIDE CITY LIMITS? | 130 STREET ADDRESS | / ZIP CODE | | |
| 2 | M | ryland THERS NAME | Montgo | omery | Kensing | ron | YES NO | 3717 Deca | tor Ave | | 20895 |
| 1 5 | 14°F7 | THER'S NAME | MIDDI | LE | . LAST | | 15. MOTHER'S MAIDEN N. | AME | | LAST | |
| CEU | | unbnown | | | Meade | | Grace | Meade | 2. | Beed | le |
| 2 0 1 | | VAS DECEASED EVER IN | U.S. ARMED | | 166 SOCIAL SECU | | | ter-in-law | RESS 4 Ch | ontonhi | old Rd. |
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| | | 18. CAUSE OF DEATH | (Catanagh, as | | has for (a) (b) as | al rest | Kuan wewe | | Питрал | APPROXIM | ATE INTERVAL |
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| 000 | | t/ | MMEDIATE CA | AUSE (o) | 1310-10 | -, | 7.2 1127114 | 1711-1-2 | | | |
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| d, 0 | | underlying couse | lost. | (c) | | | | | | | |
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| X | E | | | | | | | YES NOW | | | NO 🗌 |
| 1 9 | CERTIFICATION | 2 fa. ACCIDENT WAS UNDE | | 216 TIME O | | AV VEAD | 21c. HOW INJURY OCCU | RRED (ENTER NATURE OF IN | IURY IN ITEM 18 PA | RT I OR PART 2) | |
| - 5 | | OR CONTRIBUTING CA | | HOUR A. | M. MONTH D | AY YEAR | | | | | |
| Mento | MEDICAL | 2fd. INJURY OCCURRE | | 21e. PLACE | | 1.7 | 211. LOCATION | | | 40.0. | |
| P | ¥ E | WHILE NOT WHILE | П | | REET, FACTORY, OFFICE, | FARM, ETC.) | STREET | CITY OR 1 | OWN | COUNTY | STATE |
| nork | | AT WORK AT WORK | | | - damage of 5 - | - | AND 15 10.85 | In FIFE | cat 2 | 080 | O Visited |
| .5 | | 220 L certify that (I) (I | | A 4 | 4 4 7 | 17 | nd tho (m) (our) apinion | | | and from the co | (we) lost |
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| Her | 1 | 226. SIGNATURE | C | | | | DEGREE ATTENDING | MEDICAL ST | AFF | 22c. DATES | |
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| 8 3 8 1 | 23a. | BURIAL, CREMATION, R | EMOVAL 7 | 3b. DATE | 73c. | NAME OF C | EMETERY OR CREMATORY | 236 LOCATION | | - | |
| | | Burial. | A | lanch | 6 1987 R | intons | ville Union | Comotonu Bu | rtonsu | ille Mai | rt. Md. |
| | 24. F | | | | | | 250. DA | ATE REC'D. BY REGISTRA | R 258. REGISTR | AR'S SIGNATU | RE |
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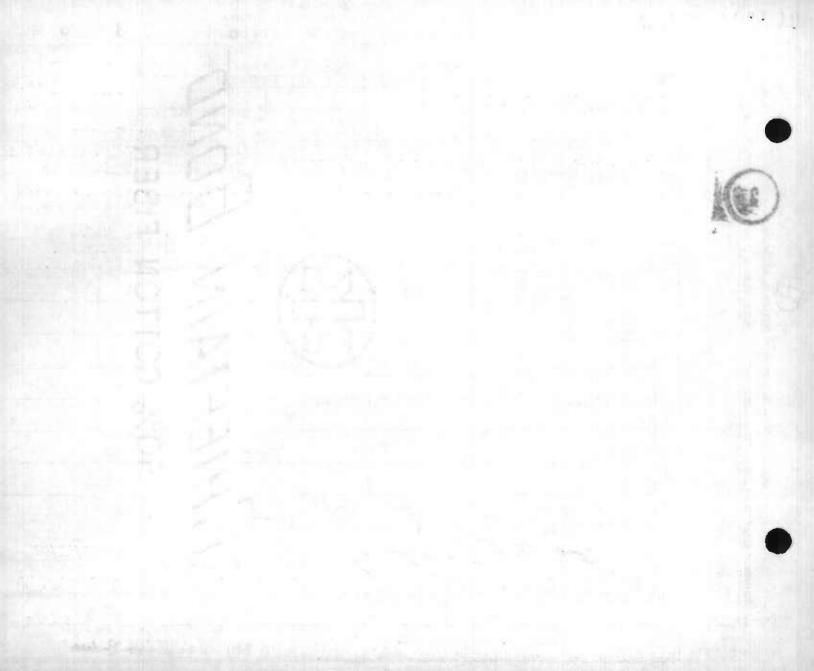
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| | | 1. | FOR STATE | | | | 1 | DEPART | MENT OF | HEALTH | AND MEN | H LATE | YGIENE | | 0 0 | | |
| 57 na | IL MID ID | | REGISTRAR | | | | MED | DICAL | EXAMI | NER'S | ERTIFICA | ATEO | FDEATH | REG. N | 3 3 | 1 6 | 2 |
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| | SA ZES | | | (STATE OR | | | IZEN OF WH | IAT COUN | VTRY? | BAARR | ED NEVE | D AA A DDIE | 9. BAL | TIMORE CITY | OR COUNT | Y OF DEATH | |
| | NECESSARY, PIEASE FUNERAL DIRECTOR. 5 FOR YOUR FILES. WITHIN IS HOURS WYDRESTON STREET, | - | Isra | iel | 200 | Le | ebanon | | | WIDOW | | DIVORCE | | DAT | GOM | 15R | MD. |
| | T 41 - 4 - 4 - 4 - 4 - 4 - 4 - 4 - 4 - 4 | 10 C | TY OR TOWN | V OF DEA | ATH | IL NA | ME OF HOS | PITAL, NU | RSING HOA | AE, OR OTH | ER INSTITUTIO | NC | 12a USUAL OC | CUPATION (TYP | E OF WORK | Automo | The second second second second |
| | A LE PAGE | 10 | CTH | E < i | 20 | - JIF N | OT IN SUCH FAC | CILITY, GIVE S | TREET ADDRESS | 1-0 | | | Machin | WORKING LIFE) | | | HDEOVL, |
| | | TISH | AL RESIDENC | 201 | DE INC HOUSE OF |) (| 11546 | RH | BEFORE ADMIS | 102 | 011191 | | Macrici | usi | | Inc. | |
| 5 | ANY DE AND 3 TAND 5 TAN | | TATE | E IN IN NO | 13b COUNT | Y | ASTRUTION GIV | 113c. CITY | ORTOWN | | 13d. INSIDE CITY | LIMITS? | 13e STREET AD | DRESS | | | |
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| a b | AZ 33,2 | | ATHER'S NAM | | | MIDDLE | | | | | 15 MOTHER | SMAIDE | N NAME | MIDDLE | | LAST | |
| 7 1 | PATH. | | Ibrahi | m | | WIDDLE | | M | itri | | May | 711 | | WIDDLE | | Samou | vr |
| Ö | TER DEA FORM P SES I AN P ON OF | 16a \ | VAS DECEAS | | IN U.S. ARM | ED FO | RCES? | | CIAL SECUR | ITY NO. | 17 INFORMA | | | ADDRES: | 5 | | |
| BALTIMO | JRS AFTER 8. GIVE PA WITH FOR T. PAGES DIVISION | Įγ | ES, NO, OR UNKN | IOWN) | I IF YES, GIVE W | | | 21 | 2-92-1 | 202 | Dara 1 | D M | ++: | wife | san | ne as t | #13 |
| Z Z | PACIN | | no | | | | | | | 272 | Rose 1 | 5. MM | vu | wije | 2011 | | |
| L. | | -20 | IB CAUSE | OF DEAT | H (Enter only | one co | ouse per line | for (a), (b |), and (c).) | | | | - | | | BETWEEN O | NATE INTERVAL NSET AND DEATH |
| PRESTON ST. | ERMI ERMI AL | | | | IMMEDIATE | | E (a) | 0 | rdic | | | ar- | 1 23 | | | | |
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| F 3. | XAMIN XAMIN XAMIN AL-TR MENTA | | | | the under- | 1 | DUE TO, OR | | | | 1 | | | | | | |
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| | ULD BE EXECUTED "PENDING" IN PR FF MEDICAL EXAVED AS A BURIAL- HEALTH AND MEI AL, CREMATION, G | | BARY 2 OTHER | CICHIEICAN | T CONDITIONS C | ONTRIBUT | (C) | NIT NOT BEI | ATER VO THE YES | | OR CONDITION G | | | | | 1 | |
| DIVISION OF VITAL RECORDS. | D BE EXE ENDING MEDICA AS A BU CREMA | z | TAKE 2 DINER | JIONII ICAN | Cholling | UNIKIBUI | ING TO DEATH ! | POI NUI KEL | RIEU IU INE IEI | CASCIU SANIMA | OK CONDITION G | HVEN IN PAK | [[] g], | | | | |
| E. | - CREAS | CERTIFICATION | | | | | | | | | | | | | | | |
| = | | 3 | 19a. DATE C |)F OPERA | ATION | | 196 CONDIT | ION FOR | WHICH OPE | RATIONW | AS PERFORMI | ED? | | | | 20 AUTOP | SY? |
| E | SHOUL WORD " WORD " WI OF H BE USE | E | 100 | | | | | | | | | | | | | YES [| NO |
| 7 | ATE WENTER | 1 % | 21a EXTERN | | | | 16. TIME OF | | BAU UE | | OW INJURY O | CCURRE | ENTER NATURE | OF INJURY IN ITEM 18 | PART I OR PAR | (T 2) | |
| Z | IFICATE VOID THE VOULD ARTIME! | | UNDERLYIN | | OR CAUSE OF D | EATH | HOUR A.M. | . MUNTH | DAY YEA | AK | | | | | | | |
| Sic | | MEDICAL | 21d INJURY | OCCUR | RED | | 21e PLACE C | OF INJURY | | 211. LO | CATION | | | | | | |
| 2 | ARDED | ME | WHILE AT WORK | NOT | WHILE [| | STREET, FACT | ORY, FARM, E | ETC.) | | TREET | | CITY O | RTOWN | COL | JNTY | STATE |
| | MAR WAR TAT | | AT WORK | ATW | ORK | | | | | | | | | | | | |
| | 111 5 | | 22a I cer | rtify that | I taak charge | of the | remains desc | cribed ob | ove, held an | Autop | sy | Inspection | Inqu | uiry , a | nd in my op | inion | |
| | EXAMINER: CERTIFICATI ULD BE FOR UNITH THE! | | death resu | lted from | : Noture | ol couse | 5 | Accident | | vicide . | , Homicid | e []. | Undetermine | d monner | | | |
| | EXAM CERTI CILD B DIRE WARY | | | | | | | | | | TITLE (SPE | | | | | | |
| | CAL EXA SHOULD ERAL DIR SATH, WI | | ACTUAL | - | 2/1 | (| J | la | | | Das | - | | | DATE | 3- | 5-87 |
| | SER SER | 1 | SIGNATUR | - | 12000 | | | | , | | D | age (| WEDICAL E | XAMINER | SIGNE | wa | 5 . |
| | S C C C | | EXAMINER' | SNAME | 15 | h | 1 | ans | per | _ | 9 | 321 | 8 (4) | 1500 | 226 | 1 | sul |
| | TO MEDICAL E EXECUTE THE C PAGE 4 SHOU TO FUNERAL D AFFER DEATH, BARTIMORE, M | | (TYPE OR PE | | 40 | 17 | | | | | ADDITESS | | | | 10 2 1 | 7 | |
| | - wa - < a | 73a.B | Burial CREM | ATION,R | EMOVAL 23 | b DAT | | 23c | NAME OF CI | EMETERY C | R CREMATOR | Y | 23d LOCATIC | N CIAL : | COUN | in to amo | STATE MA |
| 07/84 | BP | _ | | | | arc | | | | uf He | wen ce | mere | | er Spri | | | rly Ma. |
| 25AA | DHMH - 17 | 100 | UNERAL DIRE | | Franc | is | J. CO | llins | , Jr. | | 250 | d. DATE R | EC'D. BY REGIS | | ISTRAR'S S | GNATURE | |
| | (VR A15 ME (5)) | 5 | 00 Uni | vers | ity Bl | Evd. | West | . Sil | ever S | pring | , Md. | M, | AR 121 | 987 Au | ha Dan | idum. Ra | Lack |



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE T STATE I REGISTRAR DECEASED NAME 2ª DATE KNOWN X (TYPE OF PRINT) OF ESTI-Gerald Leland 3/16 19 87 Mock 6. AGE (IN YEARS IF UNDER 24 HRS DATE PRONOUNCED Male 44 White Apr. DEAD 7b. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Washington. D.C. U.S.A. DIVORCED X Montgomery County 17a USUAL OCCUPATION (TYPE OF WORK 12b KIND OF BUSINES) IN CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION Sheet Metal Worker David Taylor Grand Pre Road, #204 Silver Spring 13e STREET ADDRESS 14200 Grand Pre Road, #204 13d. INSIDE CITY LIMITS? Silver Spring Montgomery Maryland NO [14 FATHER'S NAME IS. MOTHER'S MAIDEN NAME FIRST John Burnside. Florence Mack 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT ADDRESS 27 Center St. 166 SOCIAL SECURITY NO IYES NO OR UNKNOWN) 1959-63 220-38-1665 Donald L. Mock Laurel. Md. 20707 18 CAUSE OF DEATH (Enter only ane cause per line for (a), (b), and (c).) APPROXIMATE INTERVAL PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Acute myocardial disease. DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last PART 2 DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to None 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES NO X None 210 EXTERNAL CAUSE WAS 21b. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH None TE PLACE OF INJURY LATHOME. 21f. LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY WHILE AT WORK 22a. I certify that I took charge of the remains described above, held an Autopsy Natural causes X death resulted fram: Suicide Hamicide Undetermined manner TITLE (SPECIFY) ACTUAL DATE 3/16/87 Deputy SIGNATURE 1919 Seminary Road EXAMINER'S NAME (TYPE OR PRINT) John S. Rogers, M.D. Silver Spring, Montgomery County, MD 23a.BURIAL, CREMATION, REMOVAL 23b. DATE 23d. LOCATION tory Cheltenham Prince Georges Md.
1250. DATE REC'D. BY REGISTRAR 1250 REGISTRAR'S SIGNATURE March 19, 1987 Md. Veterans Cometery hurial 4. FUNERAL DIRECTOR Francis J. Collins, Jr. **DHMH - 17** (VR A15 ME (5)) University Blud, West, Silver Spring.



| 01.7 | 210 110 | 1 | emm. | | | DEDART | STAT MENT OF H | | ARYLAN | | CIENE | | | | |
|--------------|--|---------------|----------------------------|--------------------------------------|----------------------|---|-------------------|-------------|------------------|-------------------|---------------------------|------------------------|------------------|---------------------------------|-----------|
| n + 1. | 3 1 2 MAR | 14 | STATE | | A | | EXAMINE | | | | In . | 0. | 8 / | 6 | 4 |
| | | T. DE | REGISTRAR CEASED NAME | FIRST | - 19 | WIDDLE | LAAMIINE | . N 3 C | LAST | AILO | | REG. NO | MONTH DA | Y YEAR | 2h HOUR |
| | W = 1 2 89 2 2 | {TYP | E OR PRINT) | loon | | Cecil | | М | مامد | | OF | ESTI- | 3/12 | 1987 | 2ª TIOOK |
| | SELECTES SELECTES | 1. SE) | | Jean 4. RACE | 5. DATE OF BIR | | 6. AGE (IN YEAR | | OCK DER 1 YR. | IF UNDER 2 | | | MONTH DA | | 2d HOUR |
| | N T C S C | E | emale | White | Sep. 15 | AY YEAR | 58 YRS | MONTH | | | | UNCED | 3/12 | 1987 | 10:40 |
| | A A CO | 7a. B | RTHPLACE (ST | | 76. CITIZEN OF | WHAT COUN | | | | | 9 BAIT | IMORE CITY OF | | | A. M |
| | 多新改革服 | FC | reign country) I owa | | 11 0 | S.A. | 20.00 | WIDOW | ED NEV | DIVORCES | | ntgomer | v Count | tv | |
| • | SE SE | H, C | TY OR TOWN | | | | RSING HOME, | | | | 12a USUAL OC | CUPATION (TYPE | | | ISINDS ST |
| | 3 CARES | 1 | Silver | Spring | 1900 L | vt.tons | ville R | oad. | #1119 | 9 | Secres | | | Unior | |
| 6 | 1 | MISUA | L RESIDENCE TATE | (IF IN NURSING HOME | OR OTHER INSTITUTION | N, GIVE RESIDENCE | BEFORE ADMISSION | 4) | 13d INSIDE CIT | | 13e STREET ADE | | in | 209 | 10 |
| (2 | 2個種のと | | aryland | | tgomery | Sil | ver Spr | | YES | NO [| 1900 Ly | ttonsvi | 11e Roa | ad, #1 | 1119 |
| 10 | 11.00 | | THER'S NAME | | MIDDLE | | LAST | | 15. MOTHER | R'S MAIDEN | | MIDDLE | | TAST | |
| 2 | があるり | 1 | Frank | | L. | Н | arvey | | Nei | llie | | C. | un | known | |
| IWO | WASSEN / | 160. \ {Y | VAS DECEASEI | DEVER IN U.S. AI | RMED FORCES? | 16b. SO | CIAL SECURITY | NO. | 17. INFORM | | utan | 4002E85 | Sampson | | |
| ALT | AND | | no | | | 482 | -26-289 | 4 | Barba | ara N. | utor Borjes | Silve | r Spri | ng. Md | .20906 |
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| N S | A MERCAN | | I AKITOL | IMMEDI | ATE CAUSE (o)_F | | | | isease | е. | | | | APPROXIMATE II BETWEEN ONSET | |
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| 5,2 | 3250 | | PART 2 OTHER SIL | CHIEFCANT CONDITION | S CONTRIBUTING TO DE | ATH BUT NOT BELL | TEO TO THE TERMIN | AL OUCTACE | OR CONDITION | CONTRACTOR OF THE | | | | | |
| ORC | DICKE BHAB BHAB | Z | TART 2 OTHER SI | JANI JOHOI LONGING | None | AIN BUT NOT KELF | HEO TO THE TERMIN | IAL UISEASE | OK COMDITION | GIVEN IN PAKI | 1 (0) | | | | |
| REC | Z CAA WEE | ATIO | 190 DATE OF | OPERATION | | 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? | | | | | | 120 | 20 AUTOPSY? | | |
| TAL | AST TANK | CERTIFICATION | None | | | | | | | | | | | YES 🗆 | NO [X |
| 7 40 | W HORE | 8 | 21a. EXTERNA | L CAUSE WAS | | OF INJURY | DAY VEAR | 21c HC | OW INJURY | OCCURRED | LENTER NATURE OF | F INJURY IN ITEM 18 P. | ART 1 OR PART 2) | ,,,, | 140 🖭 |
| PIVISION OF | 510088 | | UNDERLYING CONTRIBUTION | OR NG CAUSE OF | | P.M. | DAY YEAR | | | Nor | ne | | | | |
| VISIO | 200 A | MEDICAL | 21d. INJURY C | CCURRED | STREET | CE OF INJURY | | | CATION | Hind | CITY OR | TOWN | COUNTY | | STATE |
| ă | WRP AAR | 5 | AT WORK | NOT WHILE AT WORK | | 7.7.0.1, 7.7.11, 2 | 10.7 | | | | CHTOK | TOWN | COONIT | | SIAIE |
| | NIE. T | | | | rge of the remains | described obc | ive, held an | Autap | sy [], | Inspection | X, Inqui | ry . and | In my opinion | 1 | TELE |
| | ME WOLF | | death results | ed from: Nat | ural causes . | Accident | , Suic | ide 🔲 | Homici | | Undetermined | | | | |
| • | AND DESCRIPTION OF THE PARTY OF | | | 1 | 0/ | 11 |) | | TITLE (SP | PECIFY) | | | | | |
| _ | A HARA | | SIGNATURE. | 1 | - Cont | 1/2 | yen | M | D. Depu | | MEDICAL EX | | DATE SIGNED | 3/12/8 | 37 |
| | MEDICA CUTE TH EVERA FUNERA ENDER INVORE | - | EXAMINERS | NAME . | . b . C . D . | - (| (D | / | 1 | 919 S€ | eminary | Road | | | MD |
| | PAGE PAGE TO FU | 20 | TYPE OR PRI | VT) | ohn S. Ro | | | | | | | Montgo | mery C | ounty | , MD |
| | | | | TION, REMOVAL | | | NAME OF CEMI | | | | 23d. LOCATION | | COUNTY | S1 | TATE |
| 07/84 25M | BP | 24. F | <u>Cremati</u> | TOP | March13, | | | itan | Cremo | TACTU | Alexano C'D. BY REGIST | RAR 125h REGIS | STRAR'S SIGNA | Virgir ATURE | ria_ |
| | DHMH - 17 (VR A15 ME (5)) | | NAME | Franc | is J. Ge | | | | | 040 | 1097 1 | | m. Rade | | |
| | (ALCIONE (D)) | 50 | 0 Unive | ristu Bl | end. West | t. Silv | er Spri | ng. | Md, WA | MIO | 1901 1 | 1000 | | | |



| 229. I certify that (I) (this hospital) ottended the deceased from sow the deceased after a sow | REGISTAR PRECASED NAME 1851 ABBRE ABB | MD. JSINESS OR e Md. MD. MD. MD. JSINESS OR e |
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| DECENSION MARKED | TO COMPANY MADRIE (1974 CONTROLLER) 1. DECEASED NAME (1982 (1974 CONTROLLER)) 1. DECEASED NAME (1982 (1974 CONTROLLER)) 1. DATE OF DEATH MONTH DAY 15. MADRIE (1974 CONTROLLER) 1. DATE OF DEATH MONTH DAY 15. MADRIE (197 | MD. JSINESS OR e Md. MD. MD. MD. JSINESS OR e |
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| ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIA | 0 11 0 + 1 | NED. |
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| BP | THE PROPERTY OF THE PROPERTY O | 3 7 |
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| BP 3-8-1987 Metropolitan Crematory Alexandria Virginia | | 8) |
| A CINICAL DIRECTOR | 136 NAME OF CEMETERY OR CREMATION, REMOVAL 136, DATE 136 NAME OF CEMETERY OR CREMATION 236, LOCATION CHOST TOWN COUNTY | 8) |
| | | |
| DHMH-1660M7/84 Hines TPinaldi Funaral Home Carlo Salle AVe., | DHMH-16 60M 7/84 Hines AT Pinaldi Funeral Home CT THU Chill AVe., | |
| (VRA 15, 4) MAR 1.0 | (VRA 15, 4) MAR 10 | |

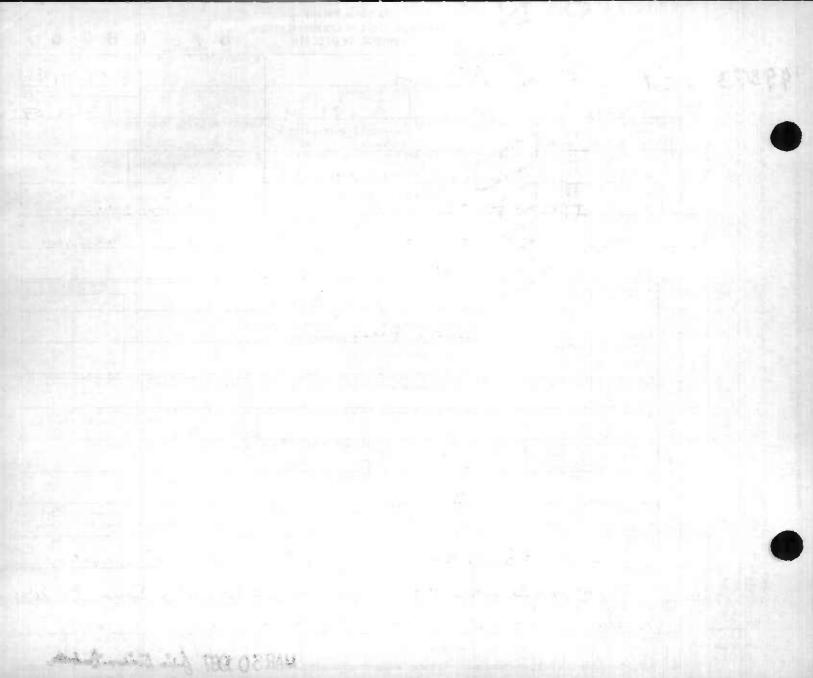


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| 1 | FOR | DEPARTA | AENT OF HEALTH AND MENTAL HY | GIENE | 0016 |
|---------------------------------|---|---|------------------------------------|-----------------------------|--|
| 1 | - STATE REGISTRAR | | CERTIFICATE OF DEATH | REG. NO. | 00/0/ |
| | ECEASED NAME FIRST | MIDDLE | LAST | 20. DATE OF DEATH M | ONTH DAY YEAR 26 HOUR |
| 2 400 0 | PE OR PRINT) TieShe! | The Agrit | Morgan | | 3 23 87 2158 1 |
| 3.5 | | RACE | 5. DATE OF BIRTH | 6. AGE (IN YEARS LAST BIRTH | DAY) IF UNDER) YEAR IF UNDER 24 HRS |
| | F. 0 | Black | MONTH DAY YEAR 23 87 | 0 | MONTHS DAYS HOURS MIN |
| 76 | BIRTHPLACE (STATE OR FOREIGN 76 | CITIZEN OF WHAT COUNTRY? | 1 | BALTIMORE CITY OR | YRS. |
| 34 0 | COUNTRY) | ** / * | MARRIED NEVER MARRIED | | |
| -40 11 | CITY OR TOWN OF DEATH | N/A | WIDOWED DIVORCED DIVORCED DIVORCED | Montgomer | M 12b KIND OF BUSINESS OF |
| 35 | 0 1 11 15 | LIF NOT IN SUCH FACILITY, GIVE STREET | ADDRESS) | TYPE OF WORK FOR MOST OF | WORKING LIFE) INDUSTRY |
| 43 | JAL RESIDENCE HE NURSING HOME OF OTH | | duestist Hospital | N/A | · N/A |
| 130. | STATE 131 COUNTY | 13c. CITY OR TOW | N 13d. INSIDE CITY LIMITS? | 13e STREET ADDRESS / | ZIP CODE 20761 |
| V | | gomery Gaither | | 8315 Fairh | naven Drive |
| 18.1 | FATHER'S NAME FIRST MIDI | DLE LAST | 15 MOTHER'S MAIDEN NA | MIDDLE | LAST |
| | Leroy | Morgan J | | Marie | Lancaster |
| medicol 16a | WAS DECEASED EVER IN U.S. ARMEI | | RITY NO. 17 INFORMANT | ADDRES | S |
| led ico | N/A N/A | N/A | Mother: se | ee 13 a-e | |
| oval. | 18 CAUSE OF DEATH (Enter only of | one couse per line for (a), (b), and | | | APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH |
| event, | PART I. DEATH WAS CAUSED B | Y: A | Recognition Arrest | | |
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| tro tro | gove rise to immediate | (6) | | | |
| , cremation, or other traumotic | underlying couse last. | DUE TO, OR AS A CONSEQUE | ENCE OF | | |
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| No Dury. | TT / A | ADII IONS CONTRIBOTING TO | SEATH BOT NOT KEEKIED TO THE TER | WINAL DISEASE OR COND | HON GIVEN IN PART HO. |
| 2 2 | IV/ A | 110h CONDITION FOR WHICH | OPERATION WAS PERFORMED | 20a AUTOPSY? | 20b. IF YES, WERE FINDINGS USED |
| E S | | / | OTENATION WAS TENIONNED | | IN CERTIFYING CAUSES OF DEATH? |
| CERTIFIC | N/A 210. ACCIDENT WAS UNDERLYING | N/A | 71, HOW IN HIP OCCU | RED (ENTER NATURE OF INJURY | YES M/A NO D |
| The second second | OR CONTRIBUTING CAUSE OF DEATH | HOUR A.M. MONTH DA | | (ENTER NATURE OF INJURY | IN HEM IS PART I ORPART 2) |
| ical rem | (IF EITHER, NOTIFY MEDICAL EXAMINER) | P.M. N/A | 19 N/A | | |
| d or Item | 21d. INJURY OCCURRED | 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F | ARM, ETC.) 211 LOCATION STREET | CITY OR TOW | N COUNTY STATE |
| morked | AT WORK DY JA WORK | N/A | N/A | | |
| E | 220.1 certify that (1) (this hospital) | | 3/23 19 8 - | , to | , 19, that (1) we) lo |
| 21 | saw the deceased alive an above ((i)) we) (did) (did not) v | 5/2-3 19 | and that in (my) (our) apinion | death accurred on the dat | e and hour and from the causes stated |
| # # | 22b. SIGNATURE D | 1/00 | DEGREE | | 220. DATE SIGNED |
| = | Onata 1 | Achielle M.A. | ATTENDING PHYSICIAN | MEDICAL STAFF | |
| ORTANT: I | 226 PHYSICIAN'S NAME (TYPE OR PR | RINT) | 22e. ADDRESS | | |
| MPORTANT | JONATHAN. | SCHWECK M.D | . 690 Conco | 4 Las Sh | was Some MD Zas |
| 230 | | | NAME OF CEMETERY OR CREMATORY | 23d. LOCATION | 7 7 7 7 7 |
| | (SPECHY) Cremation | | hady Grove Adventi | LST ROCKETOWN | e, Montgomery, MD |
| | FUNERAL DIRECTOR | 014221404414 | | | 56. REGISTRAR'S SIGNATURE |
| 50M 7/84 | NAME TT / A | ADDRESS | 144 | | A |
| 3. 41 | NI / A | | I LEAN | | A Daniel Committee of the Committee of t |

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

STATE OF MARYLAND



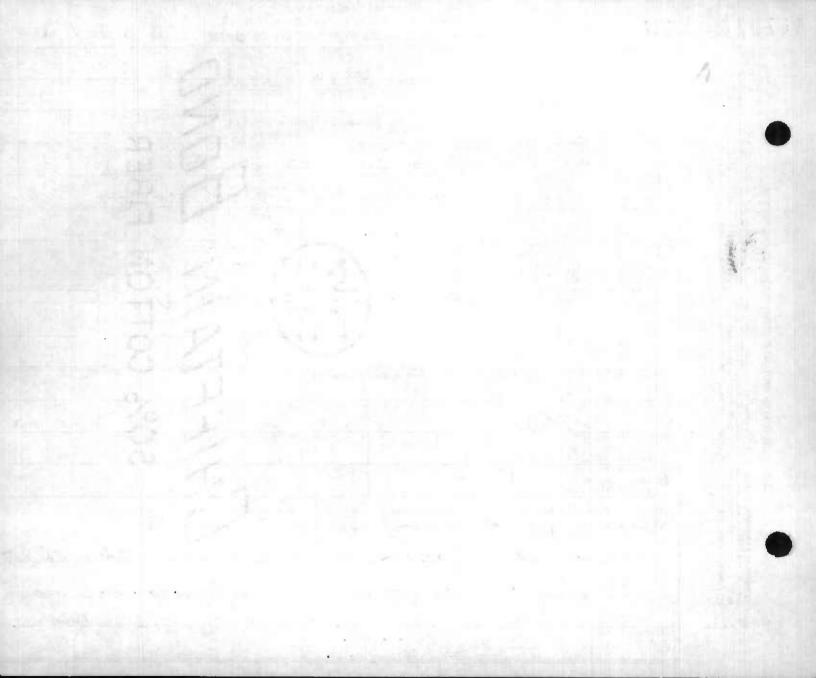
(VRA 15, 4)

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 0 4 7 9 7 6 MAR DR- STATE MEDICAL EXAMINER'S CERTIFICATE OF REATH REGISTRAR 20. DATE KNOWN I. DECEASED NAME MONTH 2h HOUR (TYPE OR PRINT) ESTI-F ANY DELAY IS NECESSARY, PLEASE AND 3 TO THE FUNERAL DIRECTOR. RETAIN PAGE 5 FOR YOUR FILES. HOULD BE FILED, WITHIN 72 HOURS RECORDS, 20, W. PRESTON STREET. 3 87 2:161 16 DEATH MATED Alfonso Narvaez 3 SEX & AGE (IN YEARS IF UNDER TYR IF LINDER 24 HRS DATE 2d HOUR LAST BIRTHDAY PRONOUNCED 10 87 26 23 16 2:16F Male 63 Hispanic 12 DEAD To BIRTHPLACE (STATE OR 76 CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) Permanent resident Ecuador WIDOWED DIVORCED Montgomery County 10 CITY OR TOWN OF DEATH II. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 126 USUAL OCCUPATION (TYPE OF WORK 1126 KIND OF BUSINESS Washington Adventist Hospital Unemployed Takoma Park USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 136 COUNTY 13c CITY OR TOWN 134 INSIDE CITY LIMITS? 13e. STREET ADDRESS 8709 Arliss Street Maryland Montgomery Silver Spring NO X 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME ALIDDLE LAST Alfonzo Narvaez, Sr. Clara BALTIMORE, Espinoza 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO 17 INFORMANT (son-in-law)ADDRESS (YES, NO, OR UNKNOWN) none N/A N/A Pablo Viteri- (same as 13e) 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) APPROXIMATE INTERVAL PART I DEATH WAS CAUSED BY: BURIAL - TRANSIT PER AND MENTAL HYGIEN MATION, OR REMOVA DIVISION OF VITAL RECORDS, 201 W. PRESTON DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost PART 2 OTNER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) ED AS A I 19a, DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 78 AUTOPSY? EXECUTE THE CERTIFICATE, WRITING THE WORD PAGE 4 SHOULD BE PORWARDED TO THE CHIEF CHIEF LANGUED BE USED TO THE THE PREATH WITH THE STATE DEPARTMENT OF BALTIMORE, MARYLAND, 21201 PROR TO BURIEF YES [] NO DO 710 EXTERNAL CAUSE WAS 71b. TIME OF INILIRY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M. 21e PLACE OF INJURY (AT HOME. 211 LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE WHILE AT WORK 220. I certify that I took charge of the remains described above, held an Autopsy Inspection ond in my opinion Homicide Suicide Undetermined monner TITLE (SPECIFY) ACTUAL MEDICAL EXAMINER John S. Rogers. DME ADDRESS 1919 Seminary Rd. TYPE OR PRINT 230 BURIAL, CREMATION, REMOVAL 236 DATE 23d LOCATION Burial 3-20-1987 Silver Spring Monte Share Gate of Heaven Cemetery 07/84 25M 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR'S SIGNATURE 11800 N.H. Ave. **DHMH - 17** Hines/Rinaldi Funeral Home (VR A15 ME (5)) Silver Spring, Md.



231. NAME OF CEMETERY OR CREMATORY

CHAMBERS CREMATORY

DHMH - 16 60M 7/84 (VRA 15, 4)

230 BURIAL, CREMATION, REMOVAL

CREMATION

24 FUNERAL DIRECTOR

SILVER SPRING. MARYLAND CHAMBERS FUNERAL HOME

MAR/25/87

250. DATE REC'D. BY REGISTRAR 256, REGISTRAR'S SIGNATURE

RIVERDALE, P.G. CO., MARYLAND

1987

INDUSTRY

Rivlin

COUNTY

22c. DATE SIGNED

5-25-87

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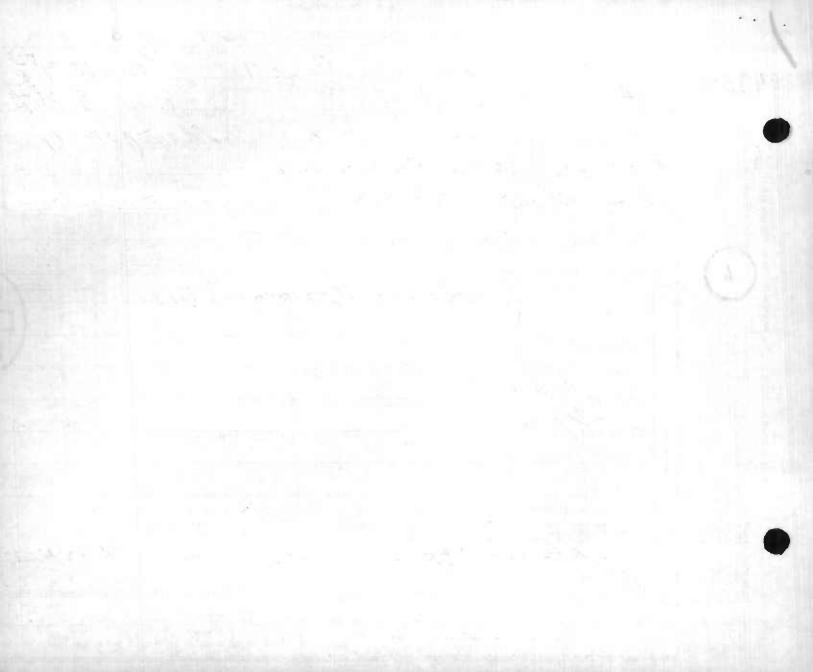
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME DATE KNOWN DET (TYPE OR PRINT) DEATH MATED 4 RACI DATE PRONOUNCED NEVER MARRIED U.S.A. Virginia 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION & P Tel. FOR MOST OF WORKING LIFE)
Clerk 13. STOFFT ADDRESS 13d. INSIDE CITY LIMITS? 8206 Houston Ct. 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME Charles Florence Brown 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17 INFORMANT Nephew ADDRES 4218 Van Buren University Park, Md. 20782 223-03-5810 Gary Neal no 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 ID. 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 2D AUTOPSY? BURI YES DEPARTMENT 210 EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM TS PART) OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 210 PLACE OF INJURY (AT HOME, 211 LOCATION EXECUTE THE CERTIFICATE, WASHING PAGE 4 SHOULD BE FORWARDED TO FUNERAL DIRECTOR: PAGE 3: AFTER DEATH, WITH THE STATE DE BALTIMORE, MARYLAND, 21201 P STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY AT WORK AT WORK 22a I certify that I taak charge of the remains described above, held an Autopsy and in my apinian Natural causes Hamicide Undetermined manner TITLE (SPECIFY) SIGNATURE MEDICAL EXAMINER KAMINIPO'S NAME ADDRES 1919 Seminary Road. Silver Spring, Md. TYPE OR PRINT 23e BURIAL, CREMATION, REMOVAL 23b DATE 23d LOCATION Burial Ft. Lincoln Cemetery Mar. 27. 87 Brentwood Prince Georges Md. 07/84 25M 24 FUNERAL DIRECTOR 250 DATE REC'D BY REGISTRAR 256 REGISTRAR'S SIGNATURE Francis J. Collins, Jr. **DHMH - 17** 500 University Blvd. W. Silver Spring. (VR A15 ME (5))

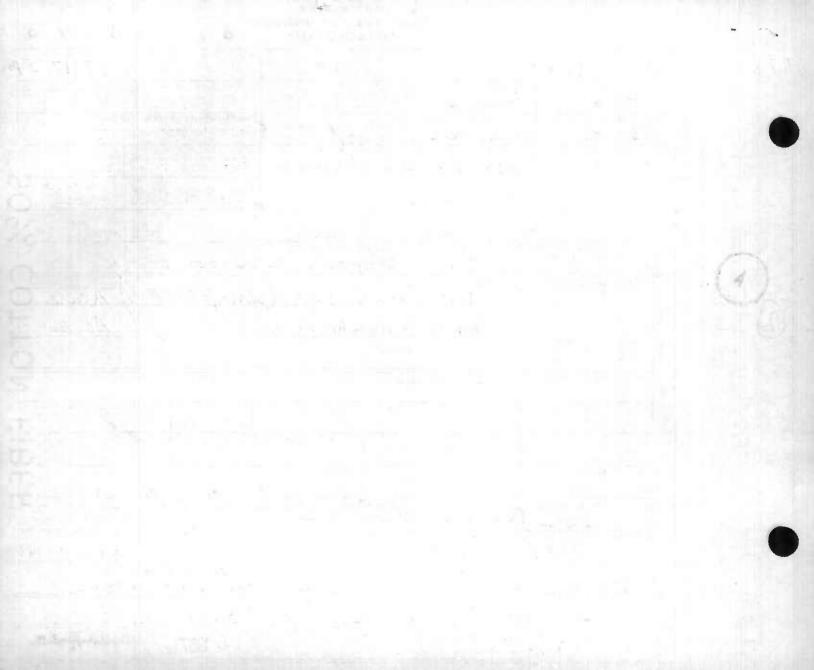


FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR LAST 20. DATE OF DEATH MONTH 1. DECEASED NAME 26 HOUR (TYPE OR PRINT) HENRY JOSEPH NIEPSEY MARCH 17 1987 4:49 4 RACE 5. DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 24 HRS IF UNDER I YEAR JULY 26 1918 MALE CAUCASIAN To BIRTHPLACE (STATE OR FOREIGN 76. CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED COUNTRY) NEW YORK UNITED STATES WIDOWED DIVORCED [MONTGOMERY 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION ID CITY OR TOWN OF DEATH 12ª USUAL OCCUPATION 17h KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY BETHESDA NAVAL HOSPITAL U.S. NAVY RETIRED USUAL RESIDENCE (IF NURSING HOME OF OTHER INSTITUTION, GIVE RESIDENCE BEFORE AGMISSION 13a STATE 13b. COUNTY 13c. CITY OR TOWN 13e.STREET ADDRESS / ZIP CODE 13d. INSIDE CITY LIMITS? MARYLAND MONTGOMERY ROCKVILLE 14015 LONDON LANE NOTX 20853 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME JOSEPH LOUIS NIEPSEY JOSEPHINE Lebdzenski ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT (IF YES, GIVE WAR OR DATES) 1936-1963 YES 215-38-9425 HELENA M.NIEPSEY, 14015 LONDON, LANE, ROCKVILLE APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH MD 20853 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: WIDELY METASTATIC RECTAL CARCINOMA IMMEDIATE CAUSE (0)_ DUE TO OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate couse (o), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 19n DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES X NO YES XI entol-tronsit 71a. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 211. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM IB PART I OR PART 2) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 10 20 21d INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION CITY OR TOWN COUNTY AT HOME STREET FACTORY OFFICE FARM ETC 1 NOT WHILE MARCH L MARCH 220.1 certify that (1) (this hospital) attended the deceased from sow the deceased alive on MARCH 17 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated obove, (I) (we) (did) (did not) view the body ofter death 22b. SIGN ATURE DEGREE 22¢ DATE SIGNED ATTENDING MEDICAL AND PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS 27d PHYSICIAN'S NAME (TYPE OR PRINT) NAVAL HOSPITAL should be D. G. LITAKER, LT, MC, USNR BETHESDA, MD 20814-5011 0 23¢ NAME OF CEMETERY OR CREMATORY 230. BURIAL, CREMATION, REMOVAL 23d LOCATION I SPECIFY) Mar. 23, 1987 Arlington National Arlinoton Virginia 24 FUNERAL DIRECTOR Francis J. Collins pro Jr. BAR 256. REGISTRAR'S SION A DHMH - 16 60M 7/84 500 University Blvd. W. Silver Spring. Md (VRA 15, 4)

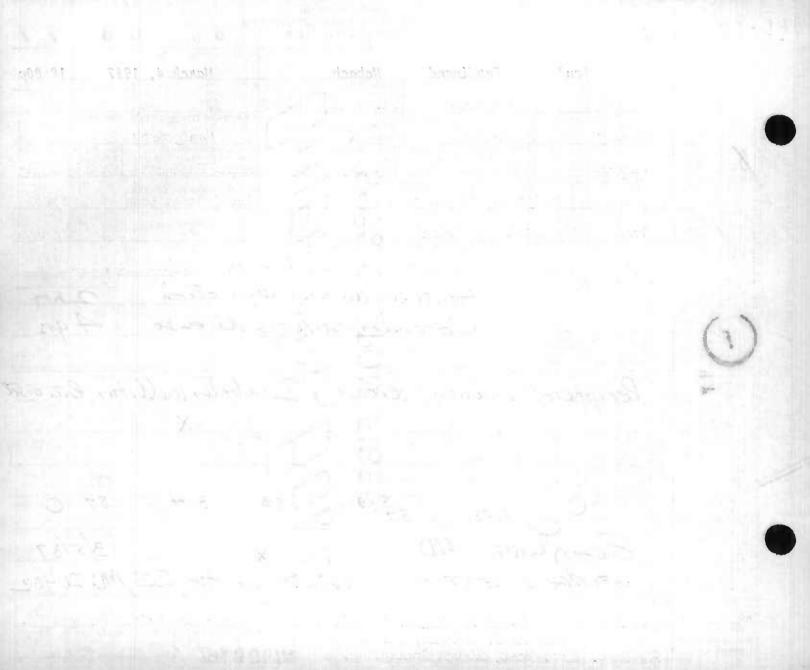
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| p b b | 3 SE) | | 4 RACE | 5 DATE OF BIRTH | 6. AGE (IN YEARS LAST BIRTHDAY) | IF UNDER 1 YEAR IF UNDER 24 HRS |
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| a 52 6 / | 7a. BII | RTHPLACE (STATE OR FOREIGN | 16 CITIZEN OF WHAT COUNTRY? | ALL ADDICE NICYCD ALADDICD | 9 BALTIMORE CITY OR COUNTY | |
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| tiled filed | | ockville | SHADY GROVE A | IDV. HOSPITAL | Homemaker, | Own Home |
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| September 24 | Ma | ryland Mont | gomery Rockvi | lle YES X NO 🗆 | 13618 Russett | Terrace |
| YL shirt | 14 FA | THER'S NAME | | 15 MOTHER'S MAIDEN NA | | |
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| DIVISION OF VITAL RECORDS, 201 W. PRESTON ST. NG PHYSICIAN. The low requires that the death car, ottending physician. ther this certificate has been signed by the attention os the burial-transit permit. Then please remaining the and Mental Hygiene prior to burial, cremate orked or team 18 shows any injury, or other troumants orked or team 18 shows any injury, or other troumants orked. | | PART 2 OTHER SIGNIFICANT | CONDITIONS CONTRIBUTING TO | DEATH BUT NOT RELATED TO THE TERM | AINAL DISEASE OR CONDITION GIV | EN IN PART I I a |
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| CO prior | AT | 190. DATE OF OPERATION | 196 CONDITION FOR WHICH | OPERATION WAS PERFORMED | 200 AUTOPSY? 206. IF YES | , WERE FINDINGS USED |
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| REC A A | | 22b. SIGNATURE | on view the body offer death. | DEGREE | | 22c DATE SIGNED |
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| O HOSPITA TO FUNERA Should be deawith the Stor | | 226. PHYSICIAN'S NAME (TIME | CR PROUT) | 22e ADDRESS 17 9 (| 14 650 R91A AVE | |
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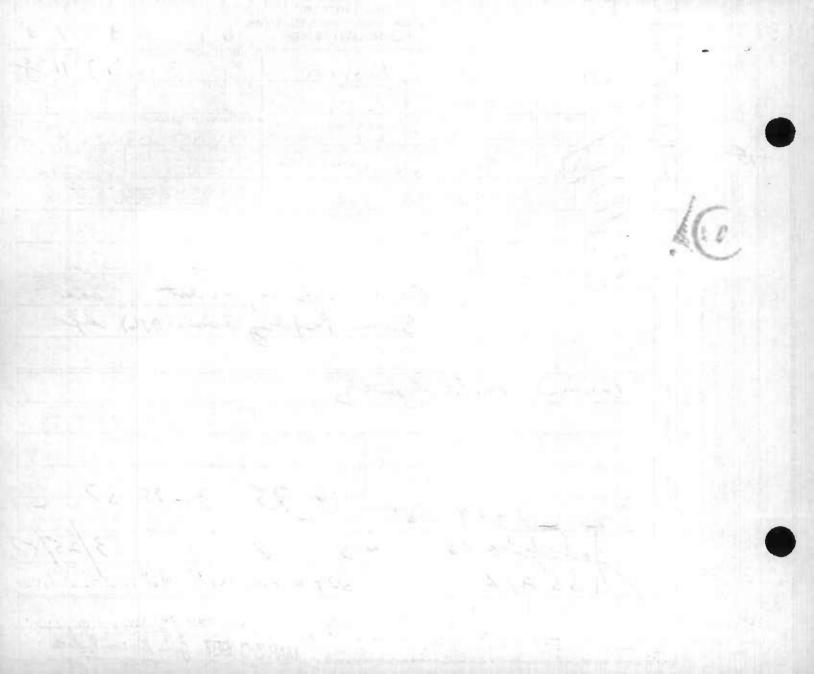


STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH O REGISTRAR REG NO DECEASED NAME 20 DATE OF DEATH 2b. HOUR 4. RACE 3 SEX 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF CHICKEY 1 16 48 70 BIRTHPLACE BALTAMORE CITY OR COUNTY OF DEATH 76 CITIZEN OF WH MARRIED NEVER MARRIED DIVORCED | 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION O CITY OR TOWN OF DEATH 126. KIND OF BUSINESS OR Collingswood Nursing Home Rockville Standards 13m STATE 136 COUNTY 13e STREET ADDRESS / ZIP CODE 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? Montgomery Maryland Potomac YES X NO F 9310 Marseille Dr. 20854 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME Obloshney Novobilski Joseph NMN NMN Anna 160 WAS DECEASED EVER IN U.S. ARMED FORCES 166 SOCIAL SECURITY NO 17 INFORMANT 20814 NO OR UNKNOWN) LIF YES GIVE WAR OR DATES! 069-09-6095 LaVega R. Shelton Jr. 9405 Holland Ave. Beth. Md odod 18 CAUSE OF DEATH Enter only one cause per line on 4, (by and ic IMMEDIATE CAUSE (0) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10 CERTIFICATION 90 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 20b. IF YES, WERE FINDINGS LISED à IN CERTIFYING CAUSES OF DEATH? per Mental Hygiene NO YES T NO 1 210 ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 80 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING T CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) P.M à 21d INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION STREET CITY OF TOWN COUNTY STATE AT HOME STREET FACTORY, OFFICE FARM, ETC) NOT WHILE 220 1 certify that (1) (this hospital) attended the deceased from saw the deceased alive on and that in (my) (aut) opinion death occurred on the date and hour and from the causes stated abave, (I) (wall did not) vi (w) the baby after death. 22b. SIGNATUR be detach ATTENDING PHYSICIAN DIRECTOR PHYSICIAN MPORTANT 22d PHYSICIAN'S NAME ITYPE OF PRINT 22e ADDRESS the the 0 230 BURIAL, CREMATION, REMOVAL Burial 3/28/87 Washington D. C STATE Rock Creek Cemetery BP 1331 Rockville Pike Rockville, Md. 20852 250 DATE REC'D. BY REGISTRAR 250, REGISTRAR'S SIGNATURE DHMH - 16 60M 7/B4 (VRA 15, 4)

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| 152 | B | ethes da. | [IF NOT INSE | UCH FACILTY GIVE ST | REET ADDRESS) | Hospital | (TYPE OF WOR | occupations k for most of wor emaker | KING LIFE) INE | KIND OF EDUSTRY DWN F | SUBINESS OR |
| Dours John John John John John John John John | USU | AL RESIDENCE (IF NURSING HOME OF | OTHER INSTITUTION | N, GIVE RESIDENCE BE | FORE ADMISSION) | 4.1 | | | - | 20805 | |
| ND 22 | | ryland Mont | gomery | Kensi | ngton | 13d. INSIDE CITY LIMITS? | 3927 | Washii | ngton | Stre | eet |
| 4 95 F | Id. FA | THER'S NAME | MIDDLE _ | TZAL | | 15. MOTHER'S MAIDEN N | AME | WIDDLE | | | |
| A Jan S | | Andrew | Middle G | Guzuski | T.E. | Anna | | MIDDLE | 1 | yka | |
| or comp | | (AS DECEASED EVER IN U.S. AR | MED FORCES? | | | 17 INFORMANT | | ADDRESS | | | |
| TIMO | | No | | 027-18 | 3-9336 | Luke J. No | olan, | Jr., s | | | |
| DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2. NG PHYSICIAN. The low requires that the death certificate be executed within 24 had ottending physician. When this certificate has been signed by the ottending physician are completely filled in as the burial-transit permit. Then please remove corban papers. Pages 1772 2 should be than and Mental Hygiene prior to burial, cremation, or removal. Thussing a physician or the province of the province of the medical province of the province | | 18 CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE | nly one cause pe | er line for (a), (b) | Odd (c).) | is al t | ~ (0 | reat | | APPROXIMA BETWEEN ON: | TE INTERVAL SET AND DEATH |
| vertification of post post post post post post post post | | IMMEDIA | TE CAUSE (0) | - 4 | | - Lugar | 3 | | | 030 | 7 |
| oth sorth on on o | | Candidan if | DUE TO, O | OR AS A CONSE | OUENCE OF | a Fostite | man de | seure () | 90 Thu | lef | 0 |
| PRE de de ort matic | | Conditions, if any, which gave rise to immediate | (b)_ | | | 1- | 0 | (*, | / 3/ / | | |
| W. by the server of the other | | underlying couse lost. | DUE TO, C | OR AS A CONSE | OUENCE OF | | | | - 34 | | |
| 201 pleo unal | | PART 2 OTHER SIGNIFICANT | CONDITIONS C | ONTMBUTING | TO DEATH BUT | NOT ELATED TO THE TER | MINAL DISEAS | F OR CONDITIO | N GIVEN IN | PART 100 | |
| RDS. | NO O | Onoxio | en | epho | Cupin | 54 | | | | | |
| e on y | CERTIFICATION | 190 DATE OF OPERATION | 196 CONE | DON FOR WH | ICHOPERATIO | N WAS PERFORMED | 200 AUT | | IF YES, WER | | |
| AL R | TIE | | | | | | YES [| NOK | YES [| | NO [|
| DN OF VITAL IYSICIAN: The ding physicion is certificate buriol-transit Mental Hygie | • | 210. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DE | | OF INJURY A.M. MONTH | DAY YEAR | 21c HOW INJURY OCCU | RRED (ENTER N. | TURE OF INJURY IN I | TEM 18 PART I OF | PART 2) | |
| PHYSICIA ending pl this certif the buriol-th of Mental | CAL | (IF EITHER, NOTIFY MEDICAL EXAMINE | R) F | P.M. | 19 | | | | | | |
| ASION O | MEDICAL | 21d INJURY OCCURRED | | TREET, FACTORY, OFFI | ICE, FARM, ETC.) | 211. LOCATION STREET | | CITY OF TOWN | cc | YTAUC | STATE |
| NG NG of the orke orke | | AT WORK NOT WHILE | | | | 160 | | 2 | 5 | 2) | |
| O O O O O O O O O O O O O O O O O O O | | 220.1 certify that (I) (this hosp saw the deceased alive on | | he deceased fro | / . 1 | 7 19 | | / | 19 | | ot (l) (se) lost |
| R ATTI haspit RECTC red for ept. of fem 21 | | obove, (If Year) (did) (did in | tiview the bod | y olter deoth. | | d that in (my) (aux) opinion | n death occurre | d on the date o | nd hour and l | rom the ca | uses stated |
| 0 0 0 0 0 4 | | 276 SIGNATURE | 1 to | 2i | K | DEGREE ATTENDING | MEDICAL | STAFF | 21 | 3/2 | 3780 |
| State de | | THE PHYSICIAN'S NAME (1986) | On PROPERTY OF | | | PHYSICIAN 1 | DIRECTOR | PHYSICIAN | | /20 | 061 |
| O Se De Se | | 11155 | AIA | | | | rs h | ,1/ 12 | of Roc | kvil | le,MD |
| of of of white of the o | 23a. E | URIAL, CREMATION, REMOVAL | 236 DATM | arah 12 | 3c NAME OF C | METERY OR CREMATORY | 23d LOC | ATION | | | |
| BP | | SPECIFY Burial | 1.10 | arch | | E Heaven | CITY | ver Sp | ring | Mars | vland |
| DHMH - 16 60M 7/84 | 24 FL | INERAL DIRECTORO Dert | A. Pur | nphrev | Funera | al Home 250. DA | ATE REC'D. BY | EGISTRAP 756 | REGISTRAR'S | SIGNATUR | E |
| (VRA 15, 4) | I Re | thesda-Chevy | ' Chase | e, Inc. Bethesc | la.MD | 0814 MAF | 30 198 | 37 Julia | Danders | n. Kandi | 146 |



STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 2a. DATE OF DEATH MULN 4. RACE IF UNDER I YEAR MALE AUGUST 15. 1893 WHITE 7a. BIRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED RUSSTA U. S. DIVORCED EDUCATION 20906 4. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE HENYA LEVINE 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 16b. SOCIAL SECURITY NO 2304 COLERIDGE DRIVE MYER NORKEN. 578-46-4742 SILVER SPRING MARYIAND APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (a) (b), and (c).
PART I. DEATH WAS CAUSED BY: DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate (o), stoting DUE TO, OR AS A CONSEQUENCE OF underlying couse PART 2. OTHEN SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION Allemones 20b. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? DIVISION OF VITAL NO YES [21a. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING TE CAUSE OF DEATH P.M. (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED 21e. PLACE OF INJURY 211. LOCATION COUNTY AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN STATE NOT WHILE 220. I certify that (1) (this bospital) ottended the deceased from sow the deceosed olive on. and that in (my) (our) opinion death occurred on the date and hour and from the causes stated obove, (1) (we) (did tot) were the body ofter death DEGREE 22c DATE SIGNED ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN with the GROVE RO ROCKVILLE MO, LOSS CHANALES BHEOMESHOCOMPPALMONOTORATH LOCATION CITY OF TOWASHING TO MUNITY 23a. BURIAL, CREMATION, REMOVAL D STATC. BURTAL 3/4/1987 24 DOWALDREMOR STEIN HEBREW MEMORIAL FUNERAL DHMH - 16 60M 7/84 232 CARROLL STREET. N. W. WASHINGTON. D. C. (VRA 15, 4)

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1331 Rockville Pike Rockville, Md. 20852

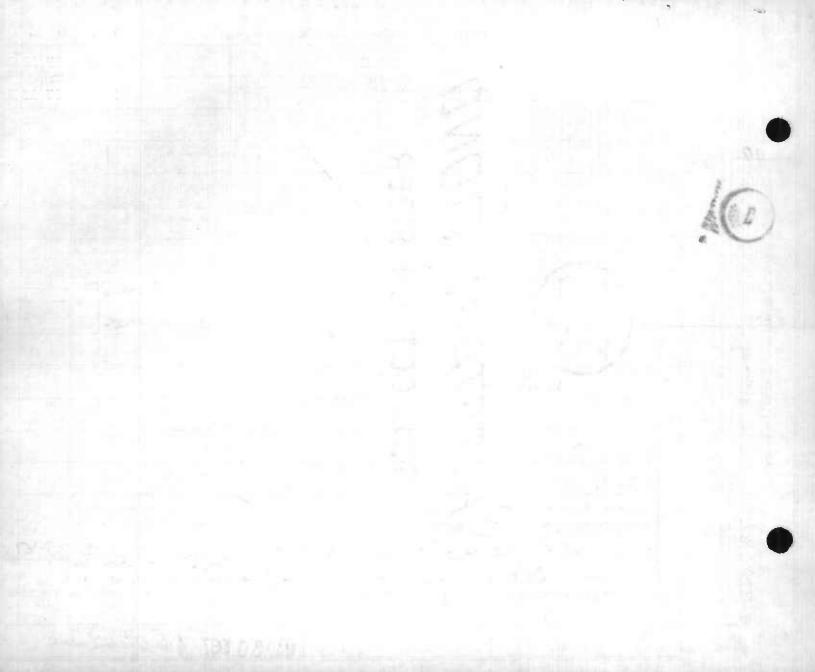
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(VRA 15, 4)

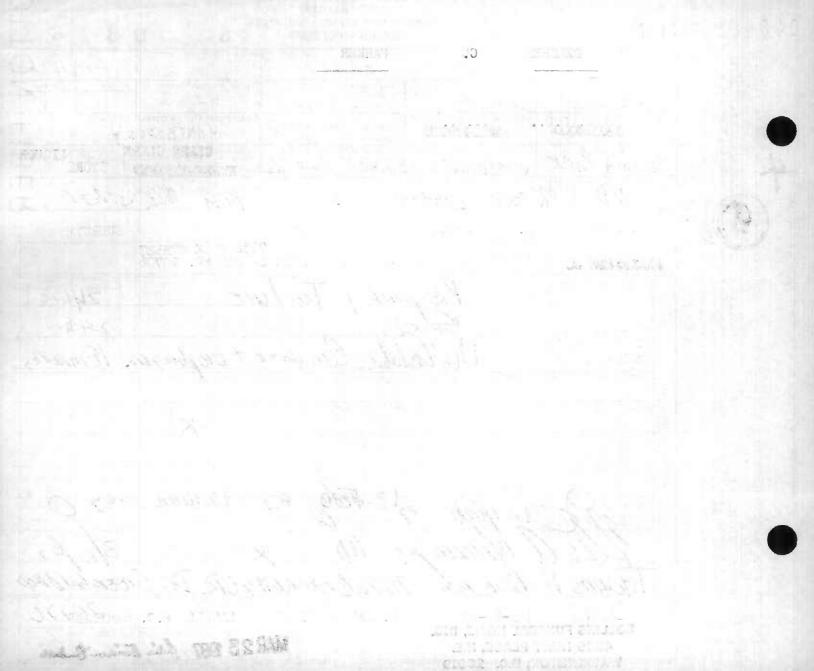
STATE OF MARYLAND

PERSON FOR THE PERSON OF THE P AND DESCRIPTION OF THE PARTY OF

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR I. DECEASED NAME O DATE KNOWN MONTH 2h HOUR (TYPE OR PRINT) ESTI-1341 PACELEY 03 **JAMES** D. DEATH MATED 4 RACE 5 DATE OF BIRTH AGE (IN YEARS | IF UNDER 1 YR. DAY IF UNDER 24 HRS 2d HOUR DATE PRONOUNCED 13 CAUC 06 28 1341 MALE 87 DEAD TO BIRTHPLACE (STATE OR 76 CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED X NEVER MARRIED FOREIGN COUNTRY U.S.A. Indiana WIDOWED | DIVORCED MONTGOMERY 10 CITY OR TOWN OF DEATH II. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120, USUAL OCCUPATION (TYPE OF WORK (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) 800 OLD GEORGETOWN MRD WORKING LIFE) Garage Man BETHESDA MD SouthlandCorp SUBURBAN HOSPITAL S HOME O THE COUNTY 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS Ila STATE 13c. CITY OR TOWN Virginia Stafford Fredericksburg YES 🗌 NO X 714 Culpeper Street 22405 15. MOTHER'S MAIDEN NAME MIDDLE FIRST MIDDLE FIRST Charles Paceley Edgar Mae Wire Anna 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 7. INFORMANT 714 Culpeper Street Fredericksburg, Va. 166 SOCIAL SECURITY NO (YES, NO, OR UNKNOWN) Mar 47-May 67 Willma F. Paceley Yes 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. DIVISION OF VITAL RECORDS, PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (g) CERTIFICATION 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED. 20 AUTOPSY? E 3 SHOULD BE US DEPARTMENT OF YES [210 EXTERNAL CAUSE WAS 21b. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH TIE PLACE OF INJURY (AT HOME, 216 LOCATION AT WORK AT WHILE STREET, FACTORY, FARM, ETC.) CITY OR TOWN COUNTY 22a. I certify that I took charge of the remains described above, held an Autopsy Inspection death resulted fram: Natural causes Suicide L Homicide Undetermined manner EXECUTE THE CERTI PAGE 4 SHOULD B TO FUNERAL DIRE, AFTER DEATH, WITH BALTIMORE, MARY ACTUAL SIGNATURE EXAMINER'S NAME 8218 101210021W (TYPE OR PRINT) 23e BURIAL, CREMATION, REMOVAL 23b DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION 03/26/87 Cremation Metropolitan Crematory Alexandria Fairfax Va. BP 24 FUNERAL DIRECTOR 1621 Jefferson Davis Mullins Fun. Hm. DHMH #17 ulia Devidern- Ka Fredericksburg, Va.



| | | | | STATE OF MARYLAND | | |
|--|---------------|---|---|---|--|----------------------------|
| 8680 HAR | 31 | FOR - STATE | DEPAR | TMENT OF HEALTH AND MENTAL HYG | P 2 | 0 / 5 / |
| | 1.0 | REGISTRAR CEASED NAME DESIGNATION | e a | CERTIFICATE OF DEATH | B REG. NO. | 8/83 |
| e & £ | (TYF | E OR PRINT) | S C. | PARKER | 20. DATE OF DEATH MONTH | DAY YEAR 26 HOUR |
| noy be poge 3 | 3 SE | <u>Carrey</u> | 1 RACE | 5. DATE OF BIRTH | 6. AGE (IN YEARS LAST BIRTHDAY) | 12 /987 20:24 M |
| rector. | | FEMALE | Black | MONTH DAY YEAR 09 - 24-1934 | 52 yrs YRS | MONTHS DAYS HOURS MIN. |
| nerol di n 72 hor | 7a B | COUNTRY) | 76 CITIZEN DECYHAT COUNTRY | MARRIED NEVER MARRIED WIDOWED DIVORCED | 9 BALTIMORE CITY OR COUNT | 4.1 |
| with de for d | 10.0 | ITY OR TOWN OF PEATH | 11. NAME OF HOSPITAL, NURS | ING HOME OR OTHER INSTITUTION | 12s. USUAL CELERO-CLET | R K 126 KIND OF BUSINESSOR |
| by th filled the | 17 | AKOMA YARK | WASHINGTON | ADVENUS/ HOSPITAL | WANTED THE WORKING | |
| the part of the pa | | STATE 131 SON | OTHER INSTITUTION, GIVE RESIDENCE BEFO ITY GED 130 91TY OR TO LANTH | THE ADMISSION) YOU 13d. INSIDE CITY LIMITS? YES NO | 13. STREET ADDRESS TO B COD | STREETZOTOL |
| 3) 3/6 | 14. F | THOMAS | H. BARTON | 15. MOTHER'S MAIDEN NA/ | ME MIDDLE | SUDRUTH |
| n on Pages medicol | 16a | WAS DECEASED EVER IN U.S. AR/ | WAR OR DATES | URITY NO. 17. INFORMANT | 7934 POLKOSTREET | |
| e 3.0 b | | WASARTOWN NO | 578-4 | 4-214/ GAIL PARKER I | LANHAM MD. 20706 | |
| physici onpaper emoval. | | 18 CAUSE OF DEATH (Enter onl PART I, DEATH WAS CAUSED IMMEDIATE | ly one cause per line for 61, (61, c B BY: E CAUSE (a) | Makey Facl | 110 | BETWEEN ONSE LAND DEATH |
| anding corbo | | | DUE TO, OR AS A CONSTO | UEN CE OF | | |
| move ation fraur | | Conditions, if ony, which gove rise to immediate | ((b) - C) | 5/5 | | 2441 |
| by the ease rer of, crem r other | | cause (a), stating the underlying cause last. | DUE TO, OF 18 CONSTO | John Colour | act Olophony 4 | x 18 moushs |
| signed Then ple ta burie njury, o | NO | PART 2 OTHER SIGNIFICANT C | ONDITIONS CONTRIBUTING TO | DEATH BUT NOT RELATED TO THE TERM | INAL DISEASE OR CONDITION GI | VEN IN PART Tra |
| beer mit. | CERTIFICATION | 190 DATE OF OPERATION | 196. CONDITION FOR WHIC | H OPERATION WAS PERFORMED | 20a AUTOPSY? 20b. IF YE | S, WERE FINDINGS USED |
| shows | Ē | | | | | FYING CAUSES OF DEATH? |
| S T S | | 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAL | 21b. TIME OF INJURY HOUR A.M. MONTH | DAY YEAR 216 HOW INJURY OCCUR | RED (ENTER NATURE OF INJURY IN ITEM 18 | PART (OR PART ?) |
| certification of them | MEDICAL | INFEITHER NOTIFY MEDICAL EXAMINER) | 111 | 19 | | |
| this and M | MED | 21d. INJURY OCCURRED | 21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE | PARM ETC.) 21f LOCATION STREET | CITY OR TOWN | COUNTY STATE |
| orke | | AT WORK AT AT | | 13 trials | 15/14 | |
| Meol is m | | 220.1 certify that the hospit | al) awanded the declased from | | to 12 min | 19, that (II) we) lost |
| ECTC d for t of m 21 | | sow the regard olive on above (I) we) yid) (did not | I view the Yody ofter death. | | death accurred on the date and had | |
| toche e Dep | | 226. SIGNATURE | Wusuc | DEGREE ATTENDING PHYSICIAN | MEDICAL _ STAFF _ | 221 DATE SIGNED |
| FUNERAL Uld be det of the State ORTANT: | - | 224 PAYSICIAN'S NAME (1979)OR | PRINTE | PHYSICIAN D | DIRECTOR PHYSICIAN | 9/3/07 |
| TO FUNERA should be de with the Stat | | litomos H. | BEAS INCE? | 7525 Granul | 4 CIR Dr. 6 | 1800 belows |
| | 23a | BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL | 236. DATE 23c 3-19-87 | MD. NAT CEMETERY | LAUREL P.G. | EQUAL 2022 SIGE) |
| BP | 24 F | UNERAP MILLIONS FUNE | TAL HOME, INC. | | LAUREL P.G. | MAR PLANIS / U |
| MH - 16 60M 7/B4 (VRA 15, 4) | | | PLACE, N.E. ADDRESS | NA MA | 23 987 | IRAK S SIGNATURE |



STATE OF MARYLAND By Medical Examiner Film #G626, Items 18 thru DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE 22 REGISTRAR Nancy Louise ParkeriCAL EXAMINER'S CERTIFICATE OF DEATH REG NO 20. DATE KNOWN DECEASED NAME ESTI-1087 Parker 3-8-Narcy Louise DEATH MATED 5. DATE OF BIRTH & AGE (IN YEARS IF UNDER 1 YR. 5EX IF LINDER 24 HRS DATE 10:30 PRONOLINCED July 28, 1895 Female. White DEAD ам To BIRTHPLACE (STATE OR 7b. CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY U.S.A. DIVORCED -Montgomery County CITY OR TOWN OF DEATH 120. USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS II. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION OR INDUSTRY (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Housewife Potomac Home 7713 Hackamore Dr. USUAL RESIDENCE LIFTIN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONI 13d INSIDE CITY LIMITS? 130 SIREET ADDRESS Hackamore Dr. 3a STATE 13c. CITY OR TOWN Mont. Potomac MD FATHER'S NAME 15 MOTHER'S MAIDEN NAME Croom Robert Bond Hardee Louise 140 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT ADDRESS IYES, NO. OR UNKNOWN) 225-28-6651 William C. Parker Same as item # 13 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Blund head injuries complicated by aspiration of gastric contents DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gove rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES X NO T 71a EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR Primary Subject Beaton CONTRIBUTING CAUSE OF DEATH 21d INJURY OCCURRED 21e PLACE OF INJURY LATHOME. 211. LOCATION STREET, FACTORY, FARM, ETC.) CITY OR TOWN STATE WHILE AT WORK AT WORK Home 7713 Hackamore Drive Potomac Montgomery Autopsy X 22a. I certify that I wak charge of the remains described above, held on Inspection Inquiry Hamicide X Undetermined monner death resulted frams Natural causes, TITLE (SPECIFY) ACTUAL 3-9-87 MD Assistant MEDICAL EXAMINER SIGNATURE Charles P. Kokes, M.D. 111 Penn St., Balto., MD 21201 EXAMINER'S NAME TYPE OR PRINT 230. BURIAL, CREMATION, REMOVAL 23b DATE 3/13/87 23c Name of CEMETERY OR CREMATORY Arl. Nat'l. Cem. 23d. LOCATION STATE Arlington, VA 24 FUNERAL DIRECTOR Joseph Gawler's Sons, Ing. 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE Julia Dendern Radaes **DHMH - 17** 5130 WI Ave. NW Wash., DC 20016 (VR A15 ME (5))

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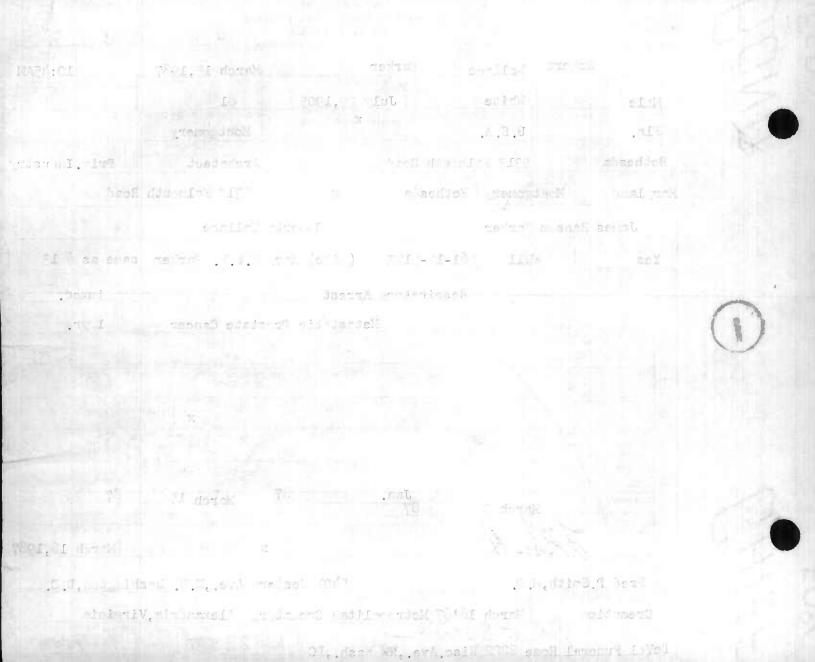
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205-20-051 Hilden C. Portor Sumo us thom # 13

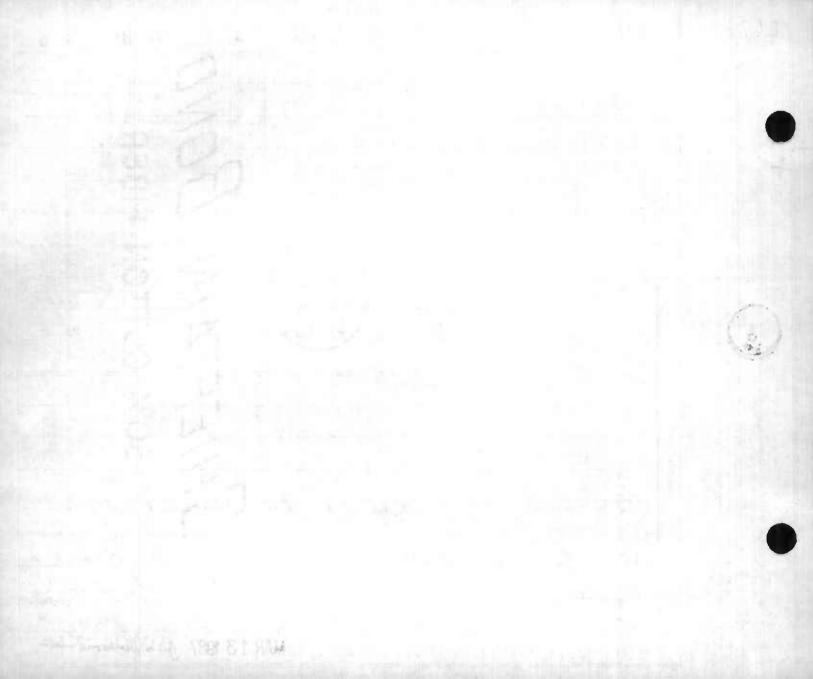
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MARSO BED JUL STATE DERM

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE CERTIFICATE OF DEATH REGISTRAR 20 DATE OF DEATH I. DECEASED NAME (TYPE OR PRINT) Robert Parker March 15.1987 Wallace 3 SEX 4 RACE 5. DATE OF BIRTH & AGE LIN YEARS LAST BIRTHDAYS IF LINDER LYEAR DAYS White July 29,1905 Male Ta. BIRTHPLACE ISTATE OR FOREIGN Th CITIZEN OF WHAT COUNTRY? **BALTIMORE CITY OR COUNTY OF DEATH** MARRIED X NEVER MARRIED COUNTRY Montgomery Fla. U.S.A. WIDOWED DIVORCED [IO CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 12b. KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY Bethesda 313 Falmouth Road Priv. Industry Archatect Montgomery Bethesda 13d INSIDE CITY LIMITS? Maryland 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME FIRST Roberta Wallace James Ransom Parker 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT YES NO OR UNKNOWN) HE YES, GIVE WAR OR DATES) (Wife) Mary N.S.W. Parker 261-12-9173 same as 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY: Respiratory Arrest immed IMMEDIATE CAUSE (a) PRESTON DUE TO, OR AS A CONSEQUENCE OF Metastatic Prostate Cancer l yr. Conditions, if ony, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 11g CERTIFICATION 190 DATE OF OPERATION 20b. IF YES, WERE FINDINGS USED 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NOM YES [NO [21a, ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE DE INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING T CAUSE OF DEATH (IF FITHER NOTIFY MEDICAL EXAMINER) P.M. 19 21d INJURY OCCURRED THE PLACE OF INJURY 211 LOCATION COUNTY CTATE CITY OR TOWN IAT HOME STREET FACTORY OFFICE FARM ETC 1 NOTWHILE 220.1 certify that (1) (this hospital) attended the deceased from March 2 Jan. to March saw the deceased alive a March 2 and that in (my) (our) apinion death occurred an the date and hour and Iram the causes stated above, (I) (we) (did) (did not) when the body after death 22c. DATE SIGNED 22h SIGNATURE DEGREE MEDICAL STAFF should be detained with the State March 16.1987 PHYSICIAN A DIRECTOR PHYSICIAN MPORTANT 224 PHYSICIAN'S NAME TYPE CHIPPIT 22e ADDRESS Fred P. Smith, M. D. Western Ave. N. W. Washington D. C. 23d LOCATION 230 BURIAL CREMATION REMOVAL 231 NAME OF CEMETERY OR CREMATORY 23b. DATE March 16'87 Metropolitan Crematory Cremation Alexandria, Virginia 250 DATE REC'D. BY REGISTRAR 254 REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR DHMH - 16 50M 4/83 (VRA 15, 4) DeVol Funeral Home 2222 Wisc Ave NW Wash DC



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO. 2a DATE OF DEATH I DECEASED NAME MONTH 26 HOUR (TYPE OR PRINT) Pear IF UNDER 1 YEAR 3 SEX 4 RACE 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) WHITE 11,1897 FEMALE FEB. 90 BALTIMORE CITY OR COUNTY OF DEATH TO BIRTHPLACE ISTATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED COUNTRY MARYLAND USA MONTGOMERY CO. WIDOWEDXX DIVORCED 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 176 KIND OF BUSINESS OR ROCKVILLE AT HOME HOMEMAKER NATIONAL LUTHERAN HOME USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION 20002 13e STREET ADDRESS / ZIP CODE 13a. STATE 1796 COUNTY 13c CITY OR TOWN 13d INSIDE CITY LIMITS? WASHINGTON D.C. YES XX 807-MASSACHÚSETTS AVE., N 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME FIRST LAST MIDDLE FIRST COLBERT SWATN CORA CHARLES 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT (YES NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) REV.DR.RICHARD REICHARD-NLH-ROCKVILLE 579-03-482 18 CAUSE OF DEATH (Enter only one cause per line for PART I, DEATH WAS CAUSED BY 1101 IMMEDIATE CAUSE (O. DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 0 CERTIFICATION 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOX YES [NO [210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 21d. INJURY OCCURRED 211 LOCATION 21e PLACE OF INJURY CITY OR TOWN COUNTY STATE (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) STREET NOI WHILE 22a. | certify that (1) (this haspital) attended the deceased from manely saw the deceased alive on_ Zond that in (my) (ass) opinion death accurred on the date and have and from the causes stated obove, (I) (we) (did not) view the body ofter death 22c DATE SIGNED ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN 23a BURIAL, CREMATION, REMOVAL 23c NAME OF CEMETERY OR CREMATORY SUITLAND, MARYLAND CEDAR HILL CEM. BURIAL 24 FUNERAL DIRECTOR TRAR 25% REGISTRAR'S SIGNATURE DHMH - 16 60M 7/84 HYSONG CO., INC- 1300 N ST., NW WASH., DCN (VRA 15, 4)



| | | | | STAT | E OF MARYLAND | | | |
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| TO TO THE COME | 1114 | STATE | | | ICATE OF DEATH | 8 / 1 | 8 7 | 2 1 |
| | 1 DE | CEASED NAME FIRST | MIDDLE | | AST | REG. NO. | DAY YEAR | 10 / |
| 0 m t | | E OR PRINT) | THE DEE | | | 28 DATE OF DEATH MONTH | DAT TEAR | 26 HOUR |
| moy be poge 3 er death | | Gusti | e | Pecl | narka | March 22. 1987 | | 6:40 M |
| | 3 SE | X | 4. RACE | 5 DATE C | | 6. AGE (IN YEARS LAST BIRTHDAY) | MONTHS DATE | |
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| the de | | enns ulvania | USA | WIDOWE | | Mantgamery 120. USUAL OCCUPATION | 1 201 101 10 | OF BUSINESS OR |
| 副九郎 (清人) | 10.0 | TORTOWING BEATT | (IE NOT IN SUCH FACILITY, GIVE STRE | EET ADDRESS) | | (TYPE OF WORK FOR MOST OF WORKING | LIFE) INDUSTRY | Eastern |
| 20 20 | | reaton | Randolph Hills | Nursi | ra Home | Ramp Service. | Airli | nes |
| 7 5 6 7 | 13a. | AERESTDENCE (IF NURSING HOME O STATE 136 COU | OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE INTY 136. CITY OR TO | | 134. INSIDE CITY LIMITS? | 13e STREET ADDRESS / ZIP CO | ne . | |
| Of the Party of th | ٨ | | gomery Rockvil | | YES NO [] | 11110 Trou Road | | 1852 |
| A SEA LOUI | | ATHER'S NAME | 3 | | 15. MOTHER'S MAIDEN NA | ME TOUGHOUT | | 0.77 |
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| Z Cer c | | BANKE DISK | | | | | | |
| STO | | Conditions, if any, which | DUE TO, OR AS A CONSEQ | UENCE OF | | | 3-1-3-2 | |
| and a second | | gave rise to immediate | (b) | | | | | |
| W. I by th se re cren cren cren cren | | cause (a), stating the underlying couse last. | DUE TO, OR AS A CONSEO | UENCE OF | | | | |
| 201 res the spleos the pleos urial, or o | | | ((c) | | | | | |
| uires uires signe sen p o bury, ury, | 7 | PART 2 OTHER SIGNIFICANT | CONDITIONS CONTRIBUTING TO | DEATH BUT | NOT RELATED TO THE TERM | VINAL DISEASE OR CONDITION C | SIVEN IN PART 1 | la |
| ORD. requ | 9 | | | | | | | |
| EC STATE OF THE ST | S | 190 DATE OF OPERATION | 196 CONDITION FOR WHIC | H OPERATIO | N WAS PERFORMED | 20a AUTOPSY? 20b. IF Y | YES, WERE FIND TIFYING CAUSE | INGS USED |
| hos he l | = | | | | | | YES | NO [] |
| DIVISION OF VITAL RECORDS, NG PHYSICIAN. The low requir oftending physicion. ther this certificate has been sig- os the burial-tronsit permit. Then th and Mental Hygiene prior to b orked or there? 8 shows any injury | CERTIFICATION | 210. ACCIDENT WAS UNDERLYING | | | 21c. HOW INJURY OCCUR | RED (ENTER NATURE OF INJURY IN ITEM I | 8 PART 1 OR PART 2) | |
| Physical Physics of the physics of t | | OR CONTRIBUTING CAUSE OF DE | | | | | | |
| ONO HYSIC dung duning Ment Ment Pr Her | MEDICAL | (IF EITHER NOTIFY MEDICAL EXAMINE | P.M. 21e PLACE OF INJURY | 19 | 211. LOCATION | | | |
| ISI PH tens tens and be be | ME | WHILE NOT WHILE | (AT HOME, STREET, FACTORY, OFEICE | E. EARM, ETC) | STREET | CITY OR TOWN | COUNTY | STATE |
| NG N | | AT WORK | | | 1 | | | 100 |
| N O N O N O N O N O N O N O N O N O N O | | 220.1 certify tho (1) this hosp | oital) attended the deceased from | 01 | 130 1985 | 10 3/22 | 1987 | that (I) we last |
| Spire Spire of lo | | saw the deceased alive an abave, (1) (wa) (did)(did no | n FUI 19. ot) view the bady after death. | 87 .00 | d that in (my) (aur) apınıan | death accurred an the date and h | our and from the | causes stated |
| OR of hor | | 226 SIGNATURE | G 1 | | DEGREE | | 22c. DATE | SIGNED |
| | | With a | Ohenel | M | ATTENDING PHYSICIANI VI | MEDICAL STAFF | 3/2 | 2-182 |
| HOSPITAL (ined by the FUNERAL (vid be dero ORTANT: H | | 22d PHYSICIAN'S NAME (TYPE | OR PRESIDE | | 124 ADDDESS | | - | |
| o HOSI | | MARTIN | C. SHARGE | (MI) | 373 | | | |
| TO HOSPIT retoined by TO FUNER should be o with the Ste | | ווווארוא | | | | - CM ROTHWIZE | 20897 | |
| - L | 23a 8 | BURIAL, CREMATION, REMOVAL | | | EMETERY OR CREMATORY | 23d LOCATION | COUNTY | STATE |
| BP | | Chomation | Mar. 23, 1987 M | etropol | Citan Cremato | Alexandria | | irainia |
| DHMH - 16 60M 7/B4 | 24 FI | INERAL DIRECTOR Franc | is J. Collinsoness | Tr. | | E REC'D. BY REGISTRAR 251 REC | STRAR'S SIGNA | TURE |
| (VRA 15, 4) | 50 | | lud. W. Silver | | MA. MA | R30 1987 | Dandion ? | Pardage |
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| | 1 | | | | | E OF MARYLAND | | | | | |
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| 1 1 3 2 APR -0 | 1 | FOR STATE REGISTRAR | | DEPARTA | | IEALTH AND MENTAL ICATE OF DEATH | HYGIENE | 8 / | . 0 | 8 7 | 8 8 |
| 477 1111 | I. DE | CEASED NAME . FIRST | | MIDDLE | 0 | AST, / 1 / | 20 | REG. N | | DAY YEAR 2 | HOUR |
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| 0 0 | 1.56 | | 4. RACE | | | OF BIRTH YEAR | | GE (IN YEARS LAST BIR | THDAY) | | FUNDER 24 HRS |
| abo open | | Female | White | | Jar | uary 18, 19 | | 1 | YRS | | Milit |
| i in ka | | IRTHPLACE (STATE OR FOREIGN COUNTRY) Centucky | U.S.A | WHAT COUNTRY? | 1000 | D NEVER MARRIED | | Montgo | | OF DEATH | |
| 8 24 3 | | ITY OR TOWN OF DEATH | 11. NAME OF | HOSPITAL, NURSIN | | DIVORCED OR OTHER INSTITUTION | V 12a | USUAL OCCUPAT | ION | 12b. KIND OF E | MD BUSINESS OR |
| | MSI | Rockville | Show | CO POUC | HI | renkist Hos | DIV. | Housewife | OF WORKING LIFE | Home | |
| (3) | | | gone ry | Rockvi T | le le | 134 INSIDE CITY LIMIT | 1: | STREET ADDRESS 3113 Midv | zip code | enue 20 | 851 |
| 1 | 14 F | ATHER'S NAME FIRST | WIDDLE | LAST | | Maude Maude | NAME | MIDDLE | 77. | LAST | |
| 1 19 24 | 160 | Porter WAS DECEASED EVER IN U.S. AI | | Brewer | PITY NO | 17 INFORMANT | | Manylane | | erguson | |
| Popular medic | | | VE WAR OR DATES) | 215-20- | | Christine M | I. Pel | Marylan lak 5743 | Detric | Rd.Mt. | Airy |
| e foer requires that the death has been signed by the offering permit. Their please removes co- ene prior to burlol, cremation, s sessing injury, or other trauma | TIFICATION | Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT 190. DATE OF OPERATION | (b) | | NCE OF | NOT RELATED TO THE | 20 | DISEASE OR CON | 20b. IF YES. | , WERE FINDING /ING CAUSES OF | S USED F DEATH? |
| A Paris | 18 | 210. ACCIDENT WAS UNDERLYING | 21b. TIME C | | V VEAD | 21c HOW INJURY OC | | | | | |
| SK P P P P | CAL | OR CONTRIBUTING CAUSE OF DE | A111 | M | 19 | The State of the | | | | | |
| orthon the by cond M Ased or | MEDIC | 21d INJURY OCCURRED WHILE NOT WHILE AT WORK | | OF INJURY REET, FACTORY, OFFICE, FA | ARM ETC) | 211. LOCATION STREET | | CITY OR TO | WN | COUNTY | STATE |
| 0 0 4 1 0 | | 220.1 certify that (1) (this hasp | | | | 6 , 19 8 | | to | 3/24 1 | | V(I) (we) lost |
| The second | 1 | saw the deceased alive ar above, (1)(we)(idid) (did no | ot) view the bady | ofter death | , 01 | nd that in (my) (aur) api | inian death | accurred on the d | ate and have | and from the cau | uses stated |
| 4 0 80 T | | 775 SIGNATUR | | | | DEGREE ATTENDIN | NG ME | EDICAL STA | FF | 22c. DATE SIC | |
| FUNERAL Huneral Huneral Hue State | 1 | 224 PHYSICIAN'S NAME INTO | - Leanner | | | PHYSICIA 22e ADDRESS | AN DIR | ECTOR PHYSIC | IAN | 3/74 | 185 |
| HOSPI ouned b ould be the Si PORTAR | | Jay a | Jenie | LA | | 4701 8 | . 11 |) 11 1 | Pack vill | · md | \$ |
| 515413- | 23a | BURIAL, CREMATION, REMOVAI Burial | 23b. DATE 3/31/ | 87 23¢ N | AME OF C | EMETERY OR CREMATO | ORY 23 | d LOCATION | | | nd STATE |
| BP | | UNERAL DIRECTOR Tyson | | | | | | D. BY REGISTRAR | | | |
| DHMH - 16 60M 7/B4 (VRA 15, 4) | | 1331 Rockville F | | | | | APR | 2 1987 | | Troids P | |

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME DATE KNOWN X MONTH Little Cocretions ESTI-FLISE PERRY DEATH MATED 3-29-87 19 Falicia 4 RACE DATE OF BIRTH A AGE LIN YEARS IF UNDER 24 HRS DATE 2d HOUR LAST BIRTHDAY PRONOUNCED 5:30P DEAD 3-29-87 19 April 14,1919 67 Female Black 7h. CITIZEN OF WHAT COUNTRYS 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED X FOREIGN COUNTRY) United States DIVORCED Montgomery County Washington. D.C. WIDOWED [120. USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS IQ CITY OR TOWN OF DEATH NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION Bethesda Passport Clark US State Dept Suburban Hospital 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET ADDRESS Washington YES X 1922 Quincy Street N.E. D.C. NO [4 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE LAST Leon Leroy Perry Marie Wiseman 16b. SOCIAL SECURITY NO 17. INFORMANT ADDRESS Washington, D.C. No 579-52-5128 Almira P. PremDas. 565 Ingraham St. N.E. 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Carcinomatosis DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTNER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 IO 190. DATE OF OPERATION 19h. CONDITION FOR WHICH OPERATION WAS PERFORMED? YES K 21a EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M. 21e PLACE OF INJURY (AT HOME. 2JJ LOCATION STREET, FACTORY, FARM, ETC.) CITY OR TOWN STATE COUNTY WHILE AT WORK (HEAD 220 I certify that I took charge of the remains described above and in my apinian Hamicide death resulted fram Natural causes Undetermined manner TITLE (SPECIFY) 3 - 31 - 87AGTUAL DATE M.D. Assistant_MEDICAL EXAMINER SIGNATURE SIGNED EXAMINER'S NAME Margarita A. Korell, M.D. ADDRESS 111 Penn Street TYPE OR PRINT 23a BURIAL, CREMATION, REMOVAL 23b DATE 236 LOCATION 23r NAME OF CEMETERY OR CREMATORY Burial Apr. 3,1987 Lincoln Memorial Cem. Suitland, Prince Georges, Md.
C'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR Washington, D.C. 25a. DATE REC'D. BY REGISTRAR Aulia Davidson Pandall (VR A15 ME (5)) McGuire Funeral Service. 7400 Georgia Ave. N. W.

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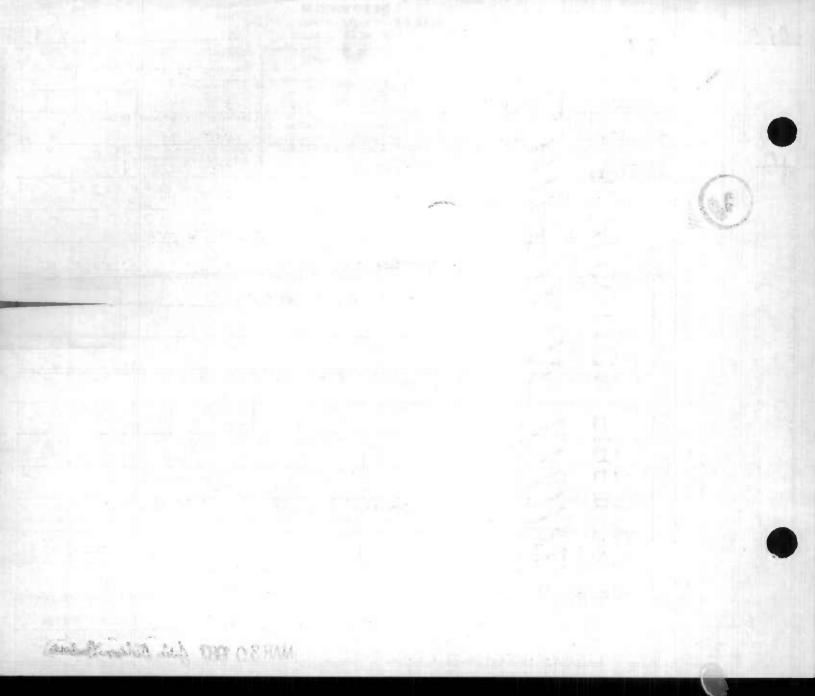
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Latinoton. D.C. 579-57-5728 Almira . Fremmen, 505 Ingrehom st. M.E.

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Mor. 5,'597 Lincoln Memorial Car. Ditlind, Prince Secrete, Pt. descrington, D. D.

Coultra Lunctel Corvice, 7400 Legrein Lve. L. L.



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE T STATE CERTIFICATE OF DEATH REGISTRAR O REG. NO L DECEASED NAME 20. DATE OF DEATH (TYPE OR PRINT HARLES IF LINDER LYEAR 6. AGE (IN YEARS LAST BIRTHDAY) MONTH WHITE 1886 MALE OCTOBER 100 To. BIRTHPLACE (STATE OR FOREIGN BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED LSA DIVORCED [WIDOWED INDUSTRY U.S. GOUT-IRS LAWYER 13c CITY OF TOWN 13e STREET ADDRESS / ZIP CODE NOW CASTLE WILMINGTON OPCHARD 4 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE 16b SOCIAL SECURITY NO 17 INFORMANT 14225 RUCKUILLE, MD. 2085: APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART L DEATH WAS CAUSED BY CARDISPULMENARY ARRES 3 MANUTES IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF HEART FAILURE - ANESICA CONECTURE Canditions, if any, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last. 1 MONTH. ACCECERATED PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a PNEUMOVIA 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 206 IF YES, WERE FINDINGS USED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NOT NO [210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 216. TIME OF INJURY 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR (IF FITHER NOTIFY MEDICAL EXAMINER) PM 214 INJURY OCCURRED 211 LOCATION 21e PLACE OF INJURY CITY OR TOWN COUNTY AT HOME STREET, FACTORY, OFFICE, FARM E STREET STATE NOT WHILE 22a.1 certify that (1) (this haspital) attended the deceased fram saw the deceased alive an abave, (1) (we) (did) (did nat) view the body after death and that in (my) (aur) apinion death occurred an the date and haur and from the causes stated 226 SIGNATURE DEGREE 221 DATE SIGNED Espec 15. PHYSICIAN DIRECTOR PHYSICIAN 22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS FREDERICK RD # 427 UNTIVEROS, MI GAITHERSBURG, MD 2087 230 BURIAL, CREMATION, REMOVAL 236 DATE 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION CREMATION CHAMBERS CREMATORY 24 FUNERAL DIRECTOR 250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE DHMH - 16 60M 7/84 FUNDAGE HOME SINER SPRING, MARYLAND (VRA 15, 4)

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| | | | STATE OF MARYLAND | |
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| | 1 | FOR STATE | DEPARTMENT OF HEALTH AND MENTAL HYGIENE | - 7 |
| 11935110 | 00 | CREGISTRAR | MEDICAL EXAMINER'S CERTIFICATE OF DEATH, REG. D. 8 | 195 |
| O TO O O I MI | I.S.F | PECEASED NAME FIRST | MIDDLE LAST ZO DATE KNOWN MONTH | AY YEAR IL HOUL |
| % S S S E | | NIZVE | There to find DEATH MATED PANCE | A 200 87 3 |
| PLEASE ECTOR ? FILES HOURS | 3,5 | EX 4 RACE | S DATE OF BIRTH & AGE IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS. 24. DATE MONTH | DAY YEAR TO HOUSE |
| Z STEER | 191 | F W | MONTH DAY YEAR LAST BIR "DAYS HOURS MIN. PRONOUNCED | 19001 |
| A A A A A A A A A A A A A A A A A A A | 7 | BIRTHPLACE (STATE OR | 78. CITIZEN OF WHAT COUNTRY? 8 DEAD / V PA V CA | NOEDEVAL |
| NECESSARY UNERAL DIS S FOR YOU WITHIN 72 | 5" | FOREIGN COUNTRY) | MARRIED NEVER MARRIED | T OF DEATH |
| ISNECESSARY, PLEASE EFUNERAL DIRECTOR E. 5 FOR YOUR FILES. ED, WITHIN 72 HOURS I.W. BRESTON STREET. | | Missouri | USA WIDOWED & DIVORCED [Mon 890 | mery MD. |
| A A A B B B B B B B B B B B B B B B B B | 0 10 | CITY OR TOWN OF DEATH | 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK OF MOST OF WORKING LIFE) | 126 KIND OF SUSINESS OR INDUSTRY |
| PEET PARTY AND THE PARTY AND T | 00 | Nº/ Com | HOLY Cross HOSA Homemaker | 5 |
| | - 06 | AL RESIDENCE (II | OR THER INSTITUTION, ONE RESIDENCE BEFORE ADMISSION) | X3. |
| ANY AND FE | 130 | STATE I IST COUN | 134 CITY OR TOWN 134 INSIDE CITY LIMITS? 138 STREET ADDRESS | Thire siz |
| MD. 2 | 4 | PATHER'S NAME | IS MOTHER'S MAIDEN NAME | The state of the s |
| 21.00 | | FIRST | MIDDLE LAST FIRST MIDDLE | LAST |
| DEA GES GES | 7 | William | MED FORCES? 1166 SOCIAL SECURITY NO. 12 MED FORMAN IN DEAL TOWN ADDRESS P | erce |
| PAR TER | 1100 | WAS DECEASED EVER IN U.S. AR (YES, NO, OR UNKNOWN) (IF YES, GIVE | WAR OR DATES) | Charlotte |
| BALTIMORE S AFTER DEA GIVE PAGES ITH FOR PAGES 1 | | IVA | 1579 05 0616 D William H. Swan (son) | Florida |
| 20000 | ' [| 18 CAUSE OF DEATH (Enter or | nly one cause per line for (o), (b), and (c) | APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH |
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| W CONTRACTOR | | gave rise to immediate cause (a) stating the under- | | |
| 201 V | 7 | lying cause last. | DUE TO, OR AS A CONSEQUENCE OF | 1. Store 1 |
| PE TO SEE NO. 10 | 2 | | (c) | |
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| DIVISION OF VITAL RECEITHIS CERTIFICATE SHOULD BE, WARDED TO THE CHEF ME, PAGE 3 SHOULD BE USED AS STATE DEPARTMENT, OF HEAL 2013 OF DEPARTMENT OF HEAL STATE DEPARTMENTS. | | /Von | | YES NO NO |
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| Den E. THIS C RWARD RWARD STATE C | 2 | WHILE NOT WHILE | | |
| P. TE. TE. | 5 | Name and the state of the state | ge of the remains described obave, held an Autopsy . Inspection Inquiry . and in my op | |
| E CERTIFICATE, DUID BE FORW L DIRECTOR: F. WITH THE SI MADVIAND. | 2 | | | inion |
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| EXA CERT DIRE WARN | \$ | ACTUAL / | TITLE (SPECIFY) | 1 1. |
| SHOPE SHOPE | | SIGNATURE C | MEDICAL EXAMINER SIONE | 62x0/5/95 |
| MEDICAL CUTE THE CUTE THE SE A SHO FU & SHO FIR DE RAI | | EXAMINISTENAME DA | John S. Rubert 1919 Coming. Rd | 1 |
| EXECUTO MA | KL | TYPE (SPPRINT) Y | . John S. Mobert ADDRESS 1919 Jeminary Wd. | 7.7. MG. |
| TO MEDICAL EXAMIN EXECUTE THE CERTIFIC PAGE 4 SHOULD BE F TO FUNERAL DIRECTO AFTER DESTH, WITH THE | 230 | BURIAL, CREMATION, REMOVAL | 236 DATE 236 NAME OF CEMETERY OR CREMATORY 236 LOCATION COUN | NTY STATE |
| 07/84 BP | | BuriAl | 413/87 Kock Creek WAST. D.C. | JIAIL |
| 25M | 24 | FUNERAL DIRECTOR | 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S S | IGNATURE |
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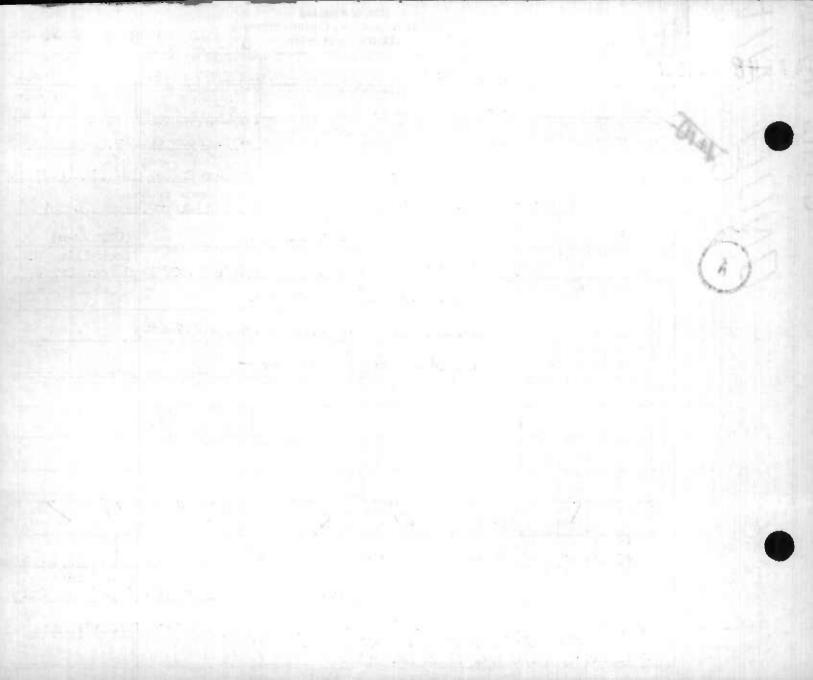
DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 2a DATE OF DEATH 7h HOUR ROY PLESCE aka PLESH March 17, 1987 DANIEL 7:15a. N 3. SEX 4. RACE 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 24 HRS IF UNDER I YEAR YEAR White Male 1920 Nov. 14.TO BIRTHPLACE I STATE OF FOREIGN Th CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED U.S.A. Pennsylvania Montgomery County, WIDOWED DIVORCED [ID CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12h KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Rockville 923 Paulsboro Drive Pension Specialist; Elec. Utility 136 COUNTY 13e STREET ADDRESS / ZIP CODE Maryland Rockville Montgamery 923 Paulsboro Drive (20850) 4. FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDIE Katherine (Unknown) John Plesce 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO. 17. INFORMANT ADDRESS Rockville, Md. (YES. NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 169-18-4021 Harriet E. Plesh; Wife; 923 Paulsboro Drive; WWII Yes 18 CAUSE OF DEATH (Enter only one couse per line for (a) (b), and (c).
PART I. DEATH WAS CAUSED BY: BETWEEN ONSET AND DEATH cardisvascular IMMEDIATE CAUSE (o) Conditions, if ony, which gove rise to immediate couse (o), stoting underlying couse NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 190. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 206. IF YES, WERE FINDINGS USED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO 210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 21d. INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY STATE NOT WHILE 220.1 certify that (A (this haspital) attended the deceased from and that in (Ny) (our) apinion death occurred on the date and hour and from the causes stated DEGREE 22c. DATE SIGNED MEDICAL PHYSICIAN DIRECTOR PHYSICIAN 3/17/87 MPORTANT 22e ADDRESS Maryland ld b 9801 Georgia Avenue, #118; Silver Sprin 23c NAME OF CEMETERY OR CREMATORY 230 BURIAL, CREMATION, REMOVAL (SPECIFY) Harrisburg, Pennsylvania

250 DATE FECTO BY REDISTRANISS REGISTRANISSIGNATURE Beth El Cemetery Burial 24 FUNERAL DIRECTO DANZANSKY-GOLDBERG MEM. CHAPELS, INC. DHMH - 16 60M 7/84

1170 Rockville Pike; Rockville, Md. 20852

(VRA 15, 4)

STATE OF MARYLAND



STATE OF MARYLAND

130.STREET ADDRESS / ZIP CODE 2 Honey Brook Circle 20878 Meech ADDRESS Evelvn L. Plummer same as 13e APPROXIMATE INTERVAL 206. IF YES, WERE FINDINGS USED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NOX NO [21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM TB. PART T OR PART 2) CITY OR TOWN COUNTY STATE and that in (my) (aur) opinion death occurred on the date and hour and from the causes stated 22c. DATE SIGNED ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN 19201 Montgomery Village Ave. Gaithersburg, Md 231 NAME OF CEMETERY OR CREMATORY 23d. LOCATION Mt. Comfort Crematory Alexandria, Virginia STATE 25a. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

REG. NO.

MONTH

10

IF UNDER LYEAR

2b. HOUR

126 KIND OF BUSINESS OR

GlennConstr.

IF UNDER 24 HRS

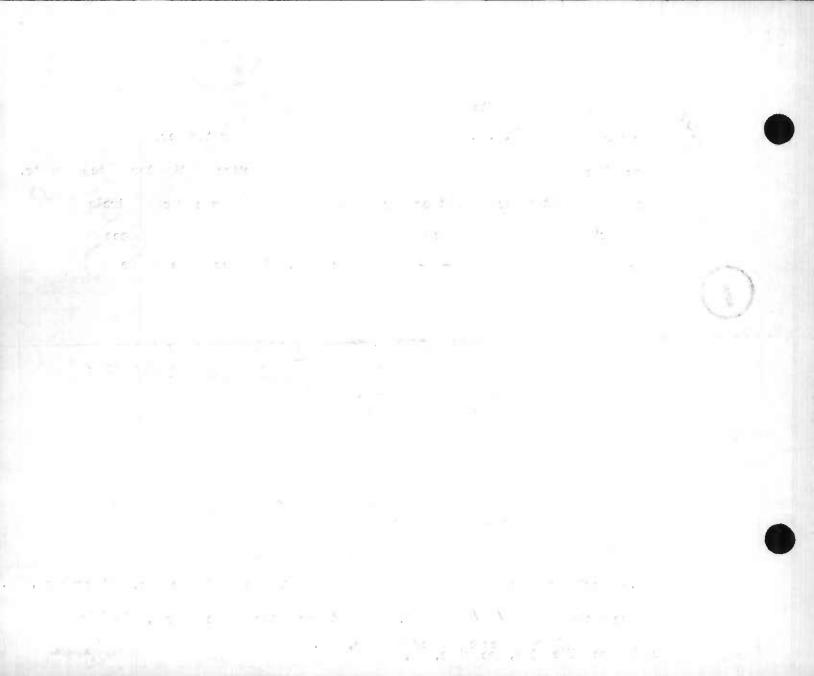
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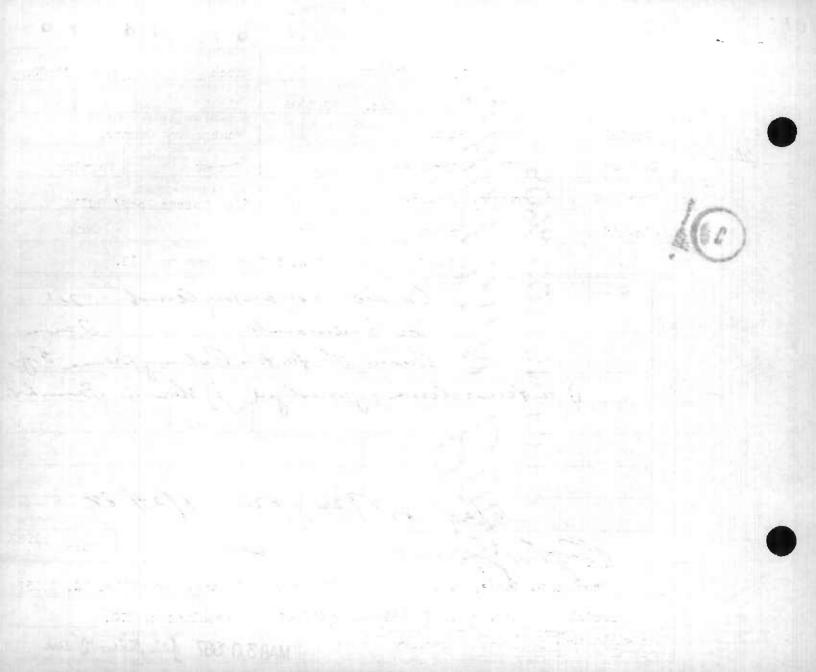
24 FUNERAL DIRECTOR 1331 Rockville Pike, Rockville, Md. 20852

3/13/87

224 PHYSICIAN'S NAME (TYPE OF PRINT) H. Robert Birshbach

230 BURIAL, CREMATION, REMOVAL (SPEC'Cremation

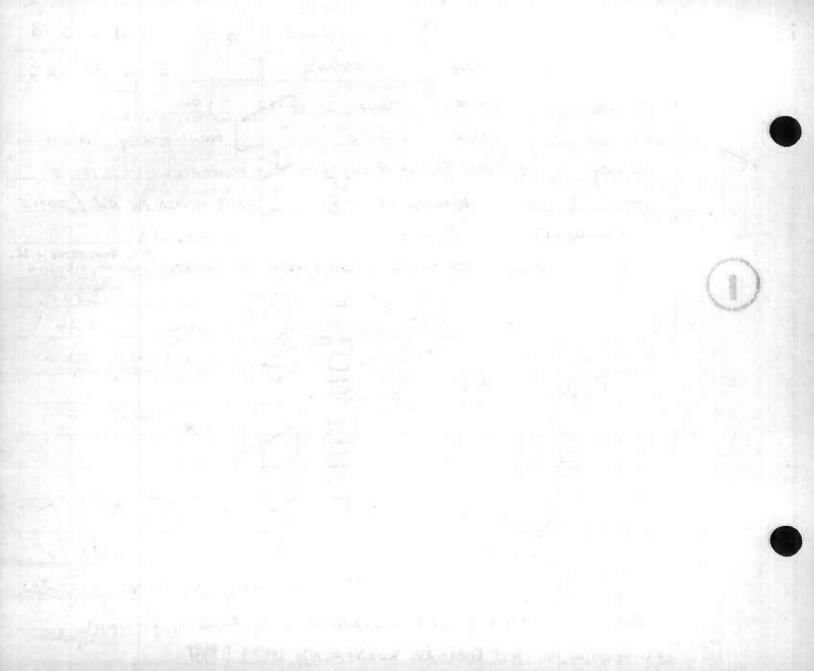




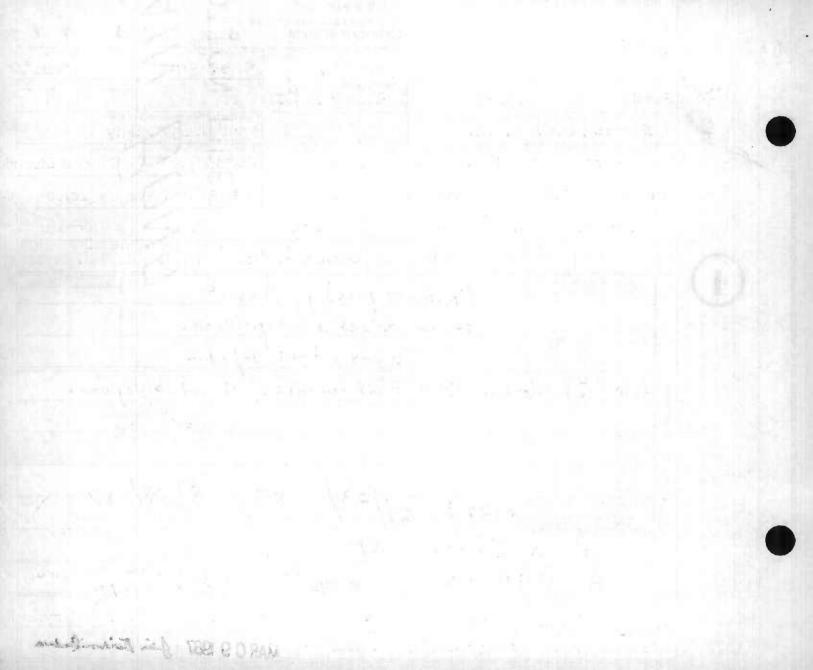
| | | FOR | | | DED | | E OF MARYLAND | CIFUE | | | |
|--|---------------|--|--------------|---------------------------|-------------------|------------------|--|----------------------------|------------------|------------------|--------------------------|
| | 1. | STATE REGISTRAR | | | DEF | | IEALTH AND MENTAL HY ICATE OF DEATH | 8 / REG. N | 0 | 8 / | 9 / |
| | | CEASED NAME | FIRST | | WIOOFE | | LAST | 2a DATE OF DEATH | | AY YEAR | 2b. HOUR |
| 5 78 8 SER 11 1 | 7 | OR PRINT) | EDN | | E. | | OOLE | Marc | 49 | 1987 | 7 100 PM |
| ffer p | 3. SE | | | 4 RACE | | 5. DATE (| | 6. AGE (IN YEARS LAST BI | | ONTHS DAYS | |
| oge 4 | | Female | | White | | Apı | il 27 1897 | 89 | YRS. | | MODES MIN. |
| 4 10 d / 10 d | 7a. B | RTHPLACE (STATE OR F | ORE IGN | 76. CITIZEN OF | WHAT COUN | TRY? 8 | D NEVER MARRIED | 9. BALTIMORE CITY | R COUNTY | OF DEATH | |
| John John John John John John John John | | Wash.D.C. | | USA | 2 | WIDOW | | Montgomery | 7 | | MD. |
| the few the few | 10 C | ITY OR TOWN OF DEA | TH | IJ. NAME OF | HOSPITAL, NU | JRSING HOME (| OR OTHER INSTITUTION | 12a. USUAL OCCUPAT | | 12b. KIND (| OF BUSINESS OR |
| by filed | | eaton | 8 | Whea | ton Mai | nor Care | | C * P Tele | | | rvisor |
| be be | USU 13a | AL RESIDENCE (IF NURS | G HOME OF | OTHER INSTITUTION | 13c. CITY OR | | 1136 INSIDE CITY LIMITS? | 13e.STREET ADDRESS | | | 2004 |
| fill 24 | | Md. | No. | nt. | S.S | | YES NO | 3278 Gler | | s Driv | XUYD6 |
| 2 s. j. j. | 14. E/ | ATHER'S NAME | | | | | 15. MOTHER'S MAIDEN N. | AME | iou <u>g</u> io. | 5 5111 | 7.00 |
| p ld b | | John | | W | Pool | | Sarah | E. | Sac | ddler | AST |
| col so lo | | VAS DECEASED EVER | | MED FORCES? | | SECURITY NO. | 17 INFORMANT | ADDR | | duter | |
| a ooo oo | - (| YES, NO OR UNKNOWN) N/A | (IF YES, GIV | E WAR OR DATES) | 577 0 | 1 2350 | C Magley P | aala/Pratha | 10000 | 00 12 | E |
| cion Cion Fre r | | | | | | | C.wesley F | oole(Brother | Jame | | |
| ico P S | | PART I. DEATH W. | AS CAUSE | nly one cause per DBY: | line for (o), (b | ol, and (c).) | | 00 | | BETWEEN | NONSET AND DEATH |
| TO SERVICE | | | IMMEDIA1 | E CAUSE (0) | <u> </u> | uln. | energy | Com | 9 | 7 | mours |
| E 2/3 3 | | | | DUE TO, O | R AS A CONS | EQUENCE OF | . 1 | 11- 40 | | 1 | |
| 8 6 6 4 | | Conditions, if ony, | | (b)_ | ant | exim | sclerotic | Hans N. | Lacus | 2/1 | noma |
| ÷ ÷ ÷ | | gave rise to imm couse (a), stating | the | DUE TO, O | R AS A CONS | EOUENCE OF | 1 5 | | | | |
| thot bose ol, cr | | underlying couse | lost. | (c)_ | .5 | Sen | ile Da | monti | 7 | | |
| irres ignec en ple burit, o | 7 | PART 2. OTHER SIGN | IFICANT (| ONDITIONS CO | ONTRIBUTING | TO DEATH BUT | NOT RELATED TO THE TER | MINAL DISEASE OR CON | DITION GIVE | N IN PART I | 110 |
| requestrates and the serves on the serves or | CERTIFICATION | | | - | | | | | | | |
| s be | S S | 19a DATE OF OPERAT | ION | 196 COND | ITION FOR WI | HICH OPERATIO | N WAS PERFORMED | 20e AUTOPSY? | 20b. IF YES, | WERE FIND | INGS USED S OF DEATH? |
| The icron. | E | | | | | | | YES NO NO | YES | | NO 🗌 |
| z s g o f e | Ü | 21a. ACCIDENT WAS UND | | | | DAY YEAR | 21c HOW INJURY OCCU | RRED (ENTER NATURE OF INJU | RY IN ITEM 18 PA | ART I OR PART 2) | |
| NG PHYSICIA ottending plant this certificate this certification of the buriol-thy and Mental arked or tem | ¥ | OR CONTRIBUTING C | | 110 | | 19 | _ | 7 | | | |
| HYS I Me I Me or II | MEDICAL | 21d. INJURY OCCURR | ED | 21e PLACE | | | 21f LOCATION | | | 4.00 | |
| G Planter of the cond ond ked | Σ | WHILE NOT WHE | LE 🔲 | I (AT HOME STE | REET, FACTORY, OF | FICE, FARM ETC) | STREET | CITY OR TO | WN | COUNTY | STATE |
| Or or Aft | | 22a.1 certify that (I) | | tal) attended th | e deceased fr | om Aria | 10 8 | 4 10 3-9 | -87 | 0 | About the free book |
| To OR SET | | saw the decease | d alive on | 3 - 5 | 9-87 | 17 | nd that in (my) (auc) opiniar | 1.0 | ate and hour | and from the | not (ii (wa) last |
| AT OSP OSP OF OF OSP | | above, (1) (we) (d 22b. SIGNATURE | d) (did no | t) view the body | ofter death. | | | - accorded on the d | are dila fioor | | |
| OR he h | | A DO | | 1 | 11 | ma | DEGREE | MEDICAL STA | | 22c DAII | E SIGNED |
| SPITAL B by th NERAL be deto e State TANT: P | | 0,000 | in | drew | us / | 114 | ATTENDING PHYSICIAN | DIRECTOR PHYSIC | | 3- | 9-8 % |
| HOSPITAL hed by the FUNERAL hid be det or the Store ORTANT: | | 22d PHYSICIAN'S NA | ME (TYPE C | R PRINT) | | | 22e ADDRESS | , | . 10 | | |
| O HOSPITAL TO FUNERAL The Funeral With the State MPORTANT: | - | P.Y.AN | PRI | EWS | | | 14977 DA | -TTERYL | A.KE | Thes | DA. M.D |
| D = + + 3 ₹ 1 | | URIAL, CREMATION, F | EMOVAL | 23b DATE | | 23r. NAME OF C | EMETERY OR CREMATORY | 23d LOCATION | 1 | | 7 |
| BP | C | remation | | 3/10/ | 87 | Metropo | litan Cremat | ory Alexar | dria, | Ja. | STATE |
| DUMU 14 (0) = (0) | 24 81 | ines/Rinal | 1: 11 | 800 New | Hampel | niro Aug | S S Md 259 DA | TE REC'D. BY REGISTRAR | 25h REGISTR | AR'S SIGNA | TURE |
| DHMH - 16 60M 7/84 (VRA 15, 4) | ** | TIMES CALLET | | .coo new | rramH91 | STIC TVE | W. S. Fid | JR 10 1987 | fulia . | Dividen | Budish |

| 7005 440 10 | 71 | FOR | DEI | PARTMENT OF H | EALTH AND MENTAL HYC | SIENE | 0 6 |) / | D Q |
|--|---------------|--|---|--------------------|--|---------------------------------|--------------------------------|--|--------------------|
| 1603 MK 191 | 11 - | STATE REGISTRAR | | CERTIF | ICATE OF DEATH | B IREG. NO. | U |) / | 2. () |
| | 1. DE | CEASED NAME FIRST | MIDDLE | I I | AST | | ONTH DAY | YEAR | 2b. HOUR |
| noy be poge 3 | [TYPE | ORPRINTI ELSIE | MAE | Po | PKINS | | 3 15 | - 87 | 1205 |
| yon god god | 3. SE | | 4 RACE | 5. DATE C | OF BIRTH | 6 AGE (IN YEARS LAST BIRTHE | | INDER I YEAR | IF UNDER 24 HRS |
| ctor. | | Gamare | WHITE | TOLIN | ARY 30 1893 | 94 | MON | THS DATS | HOURS MIN. |
| Pog direction | 70. BI | RTHPLACE (STATE OR FOREIGN | 76 CITIZEN OF WHAT COU | VIRY? 8 | , | 9 BALTIMORE CITY OR | COUNTY OF | DEATH | |
| oth. | | COUNTRY) | usA | | D NEVER MARRIED | ALOUTE | | | |
| e de de | 10 CI | VIRGINIA ITY OR TOWN OF DEATH | 11. NAME OF HOSPITAL N | WIDOWE | OR OTHER INSTITUTION | MONTE (| | | F BUSINESS OR |
| rs offee | | OLNEY | UNOS IN SUCH FACILITY OVE | STREET ADDRESS) | CESING HOME | TYPE OF WORK FOR MOST OF V | | INDUSTRY | |
| 1201 | ĐSU/ | AL RESIDENCE OF NURSER AND THE | | E BEFORE ADMISSION | WONVO HONE | HOMEMAKEN | 1 | 1+0 | ME |
| 10 2 14 h | 130 5 | STATE UNCOUN | | | 13d. INSIDE CITY LIMITS? | 13e STREET ADDRESS / Z | | 1 1/2 | 1417- |
| LAN Should should be shoul | 14 E A | ATHER'S NAME | IMASHIN | GTON, D.C. | YES NO 15 MOTHER'S MAIDEN NA | 5343 NEVAD | A AVE | NW. 1 | 20015 |
| ARY with | | FIRST | MIDDLE | M | FIRST | MIDDLE | . \ | LAS. | A . |
| M or | 17 | VAS DECEASED EVER IN U.S. AR | | L SECURITY NO. | 17. INFORMANT | (UNKNOW | . / | | |
| ORE | | | E WAR OR DATES | | | ADDRES. | 3140 | 644380 | PROUGH DR. |
| BALTIMORE. | | NO N | ONE 1578-C | 15-8806 | NORA E, LLOYI |) (GRANDDAUGHTER |) FAIR | FAX, V | IRGINIA |
| BAI THE | | 18 CAUSE OF DEATH (Enter an PART I. DEATH WAS CAUSE) | ly one cause per line for to DBY: | b. and ic. | 1. | me | | BETWEEN | ONSET AND DEATH |
| E | | | E CAUSE (a) | and the | my form | und | | 31 | ran |
| o the contraction of the contrac | | | DUE TO, OR AS A COM | seddwice de | Tal. | Pin | | 1. | 0 |
| PRESTON ne deoth in e attendir emove cor mation, or r troumotic | | Canditians, if ony, which gove rise to immediate | (b) | an a | HA DAN | 1 hempya | , | 1 | 261 |
| the the | | couse (o), stating the | DUE TO, OR AS A | Sputhet or | 8/7/1 | 19 | NAPA.O | 1/1 | m1 4 |
| that that d by easse al, c | | underlying couse lost. | ((c) | noten | - Bringe | harman 180 | DAMY | - 3 | Jan |
| S, 20 | 7 | PART 2. OTHER SIGNIFICANT G | ONDITIONS CONTRIBUTIN | G TOTAL BUT | NO RELATED TO THE TERM | AINAL DISEASE OR CONDI | ION GIVEN | IN PART | 1 |
| or to y injit | CERTIFICATION | Alman | NO 100 an | ~ 00 | nowh | | | | 1 |
| REC. | ICA | 190 DATE OF OPERATION | 196 CONDITION FOR V | VHICH OPERATION | M AS PERFORMED | 20a AUTOPSY? | 20b. IF YES, W IN CERTIFYIN | G CAUSES | OF DEATH? |
| At The Cion | RT |) | | | 0 | YES NO | YES [| | NO 🗌 |
| NG PHYSICIAN; Tottending physicial front the nd Mentol Hond Mentol | | 210. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEA | LIGHT A M MONTE | H DAY YEAR | 216 HOW INJURY OCCUR | RED (ENTER NATURE OF INJURY | NITEM 18 PART | 1 OR PART 2) | |
| SICIA ng ph certif ritial-tr | CA | (IF EITHER, NOTIFY MEDICAL EXAMINER |) P.M. | 19 | | | | | |
| PHY ending this of M | MEDICAL | 21d. INJURY OCCURRED | 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, O | OFFICE FARM, ETC.) | 21f LOCATION STREET | CITY OR TOWN | 4 | COUNTY | STATE |
| NG offer of the offer of the offer or the or | 1 | AT WORK NOT WHILE AT WORK | | . 1 | 000 | 1 | | | |
| Z S S S S S S S S S S S S S S S S S S S | | 22a I certify that (1) (this found | tal) ottended the deceased | 7 1 | 1900 | | 5 19. | 0, | that (I) (we) last |
| Spire Spire CTO I for af I | 10 | saw the deceased alive an above, (1) (we) (did) (dia no | wew the trody after death. | , ái | nd that in (my) (aur) opinian | death occurred an the date | and haur an | id from the | causes stated |
| OR ho | | 226. SIGNATURE | The | 1 | DEGREE | | | 22c. DATE | SIGNED |
| Y th. | | 1. W. | 12XIN | M. | ATTENDING | MEDICAL STAFF DIRECTOR PHYSICIA | N | 3/! | 3/8/ |
| HOSPITA ned by FUNERA Juld be de or the State | | 224 PHYSICIAN'S NAME (TYPE O | RPRINT: | Call Land | De ADDRESS | . 1. | 110 | 24 - | 1100 |
| 0 0 0 0 0 | | W. Y. W | don/ | | un bel | Why Ox. | - 1 Ma | y M | 9 50835 |
| 20 243 34 | 23a. 8 | BURIAL, CREMATION, REMOVAL | Jb. DATE | 23c. NAME OF C | EMETERY OR CREMATORY | 23d. LOCATION | | OLIVE TO THE PARTY OF THE PARTY | STATE |
| 144BP49 | | BURIAL | MARCH 18, 1987 | ARLINGTON | I NATIONAL CONET | | VIRG | INIA | STATE |
| DHMH - 16 60M 7/84 | 24 FU | JNERAL DIRECTOR | | | 25a. DA1 | TE REC'D. BY REGISTRAR 2 | I. REGISARAI | SIGNA | |
| (VRA 15, 4) | Wh | CHAMBERS CO. INC | | AUE. SLUER | SPRING MD IT | RT 8 1087 | Var Transa | | |
| | | The state of the s | | - FEE - 14 | The state of the s | | | | |

STATE OF MARYLAND



| 10700 | 1- | Item #11 Film G-62 FOR STATE BEGISIRAR | 7 5-15-87 | | NENT OF H | OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH | 8 / | 0 | 8 / | 9 9 |
|--|---------------|--|--|---|----------------|---|------------------------------------|--|------------------------------|---------------------------------------|
| be oge 3 death | | PERSED NAME FIRST Anna | | ay | Pun | nphrey | 20. DATE OF DEATH | MONTH D | AY YEAR | 26 HOUR 2315 M |
| ge 4 mar ector, po | 1 | male | Caucasi | an | 5. DATE C | mber 9, 1902 | 6. AGE (IN YEARS LAST | YRS. | ONTHS DAY | |
| leath. Po | Wa | Shington, D.C. | U.S.A | | WIDOWE | | Montgome | ery Cou | | MD. |
| by the filled with | Та | koma Park | Walshing | HON ADVEN | ons ITIST H | ROTHER INSTITUTION | Bookkeep | ATION ST OF WORKING LIFE DET | 12b. KIND INDUSTR Gene | of BUSINESS OR eral Electr |
| filled in mould be | Ма | TATE TO THE TENT OF THE COLUMN TO THE COLUMN | R OTHER INSTITUTION. NTY . | GIVE RESIDENCE BEFORE Hyattsvi | | 13d INSIDE CITY LIMITS? YES NO [| | séll Ave | enue | 20782 |
| mpletely ond 2 st | M FA | THER'S NAME Edward | MINNE. | Beach | | Sarah | A ^{DD} | | | |
| dicol 1 | No No | VAS DECEASED EVER IN U.S. AI res. no or unknown) (IF yes. G | RMED FORCES? VE WAR OR DATES) | 577-05-6 | | | | | | |
| physics by the state of the sta | | 18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS | nly one couse per ED BY: .TE CAUSE (a) | line for (o), (b), one | TON | risafon A | sont | | BETWEE | DXIMATE INTERVAL N ONSET AND DEATH |
| that the death cer d by the attending ease remave corn al, cremation, or or other traumatic | | Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost. | DUE TO, O | R AS A CONSEQUE | No | 1 5 | pticem Infetio | TD | | |
| requires sen signed f. Then plan ar to buring y injury, o | TION | Lower GI G | Sceding | CAG | ē (R | H) Remiplegio | Thron | nho eyt | pen | n'a |
| The low ician. | CERTIFICATION | 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING | | | OPERATIO | WAS PERFORMED U | | IN CERTIF | YING CAUS | NO |
| NG PHYSICIAN: TI ottending physicis fter this certificate as the buriol-transi th and Mental Hygi arked or tem 18 sh | MEDICAL CI | OR CONTRIBUTING CAUSE OF DE LIFETITHER, NOTIFY MEDICAL EXAMINED 21d. INJURY OCCURRED WHILE AT WORK AT WORK | HOUR A. R) P. 21e. PLACE (AT HOME, STI | M. MONTH DA M. OF INJURY REET, FACTORY OFFICE, F | 19 | 211 LOCATION | | RS LAST BIRTHDAY) IF UNDER 1 YEAR WONTHS DAYS HOURS MIN. YRS. CITY OR COUNTY OF DEATH DIMERY COUNTY COUPATION DE MOST OF WORKING LIFE) PRESS AT A VENUE ADDRESS AT A VENUE ADDRESS AT A VENUE HYATTS WITH A VENUE HYATTS WITH A VENUE APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH YES NOT YES WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NOT YES NOT PART 1:0 YES NOT YES NOT PART 2:0 THE OF INJURY IN TIEM 18, PART 1 OR PART 2:0 THE OF INJURY IN TIEM 18, PART 1 OR PART 2:0 TO A VENUE A COUNTY TO A VENUE A CO | | |
| AL OR ATTENDI the hospital or AL DIRECTOR: A letached far use re Dept. af Heol Tr. If Item 21 is mi | | 22a. I certify that (1) (this hasp saw the deceased alive a above. (1) (we) (did) (did n 22b. SIGNATURE | ot) view the body | de deceased from 19 deceased from | 9/1 | DEGREE ATTENDING | | TAFF | | |
| retained by TO FUNERA should be de with the Stat | | 22d. PHYSICIAN'S NAME (TYPE | | Ko | | 270 ADDRESS 76/0 | Cappe | / A | TO | ikoma |
| BP | | BURIAL, CREMATION, REMOVA SPECIFY) Burial | 03/04 | /87 Ce | dar H | ill Cemetery | 23d. LOCATION CITY OF TOWN Suitlan | | | |
| DHMH - 16 60M 7/B4 | | angis⊪Gasch's S 39 Baltimore Av | | | | | E REC'D. BY REGISTR | | | |



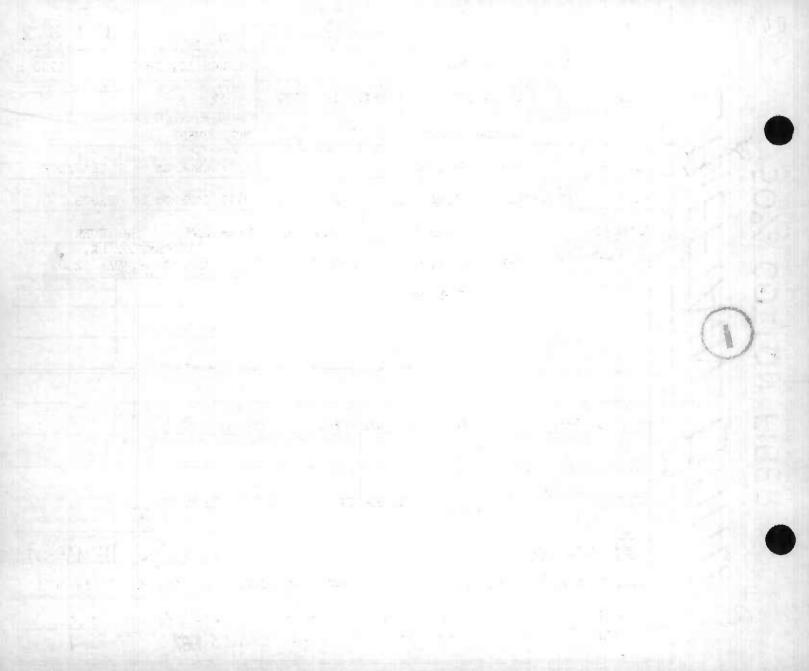
| | | | | | | | OF MARYL | | | | | | | |
|---|---------------|-----------------------------------|-------------------------|------------------------------|---------------------------|-----------------------------------|-----------------------|-----------------|--------------|------------------------|------------------|--------------|------------|--------------|
| REO MAR | 17 | OR, STATE REGISTRAR | | | | MENT OF HE | | | | 4411 | 0 | 0 0 | O | 0 |
| 0 0 0 | | EASED NAME | FIRST | WEL | MIDDLE | EXAMINE | 'S CEKIII | FICATE | OF DE | g n | REG. NO | O O | U | U U |
| Tevalent | | OR PRINT) | + 11131 | | WIDDE | | LAST | | | 20. DATE KNO | | ONTH DAY | YEAR | 26 HOU |
| FILES. HOURS STREET, | | Ti o | Jennif | | Lyn | | Rain | | | DEATH MA | TED . | 3 20 | 187 | |
| E SK | SEX | 4 R. | ACE | 5. DATE OF BIRTH | YEAR | 6 AGE (IN YEARS LAST BIRTHDAY) | MONTHS DAY | | DER 24 HRS. | 2c. DATE PRONOUNCED |) MC | JNIH DAT | TEAR | 2d. HOL |
| 8 | | | hite | Jan.10,1 | 987 | YRS. | 2 10 | | | DEAD | | 3 20 | 187 | 7:30 |
| 2 | | RTHPLACE (STATE O | OR | 76 CITIZEN OF WH | AT COUN | VTRY? | MARRIED [| NEVER MA | ARRIED X | 9. BALTIMORE | CITY OR CO | OUNTY OF D | PEATH | |
| 100 | | Maryland | | US | A | w | IDOWED | DIVO | DRCED | Montgo | mery (| County | | N |
| 1 | 0 CII | Y OR TOWN OF D | DEATH / | 11. NAME OF HOSE | | | R OTHER INST | NOITUTION | | MAL OCCUPATION | ON (TYPE OF W | VORK 12h KIN | ND OF BU | SINESS |
| 101 | | Germanto | wn / | | | Gum Circ | le | | | one | C# C# | | | |
| | JSU A | L RESIDENCE (IF IN | NURSING HOME OF | OTHER INSTITUTION, GIV | E RESIDENC | E BEFORE ADMISSION) | | IDE CITY LIMITS | (2 12a STI | REET ADDRESS | LE MAR | 1000 | | |
| 5 | | aryland | | gomery | | mantown | YES [| | 200 | 10 Swee | t Gum | Circle | 20 | 874 |
| 3 | | THER'S NAME | 1 120110 | | 1002 | | 15. MO | THER'S MA | AIDEN NAM | F | | | | - |
| 1 | | Philip | | MIDDLE T. | Rain | LAST | | FIRST | eanne | A . | | inderso | LAST | |
| 74 | 160 W | AS DECEASED EV | ER IN U.S. ARM | NED FORCES? | | CIAL SECURITY N | O. 17. INFO | ORMANT | JULIE | | DDRESS | III D | 744 | |
| 1 | (YE | S, NO, OR UNKNOWN) | (IF YES, GIVE V | VAR OR DATES) | | none | Tean | ma l | A. Rai | nog | Item | 13 | | |
| / | | 18. CAUSE OF DE | ATH /Enter only | y one cause per line | | none | 0001 | uie i | i. Ital | nes | TOGI | AF | PPROXIMATE | INTERVAL |
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| OF HEATTH AND MENTAL HYGIENE JRIAL, CREMATION, OR REMOVA | | | IMMEDIAT | E CAUSE (a) SL | asaco | NSEQUENCE OF | nearn: | Synar | ome | | | | | |
| N N | | Conditions, i | f ony, which | DOC 10, 01 | A0 A CO | NOE GOETNEE OF | | | | | | - 1 | | |
| × × | | gave rise t | ing the under- | (b) | | | | | | | | | | |
| 7 | | lying cause lo | | DUE TO, OR | AS A COI | NSEQUENCE OF | | | | | | | | |
| JO T | | | | (c) | | | | | | | | | | |
| { | 7 | PART 2 OTHER SIGNIFIC | CANT CONDITIONS C | ONTRIBUTING TO OFATH I | UT NOT REL | ATEO TO THE TERMINAL | DISEASE OR COND | DITION GIVEN I | N PART 1 id | | | | | |
| 5 - | CERTIFICATION | 190. DATE OF OPE | DATION | Till Covini | 1011500 | | | | | | | | | |
| AND, 21201 RICK TO BOKINL, | ICA | 198. DATE OF OPE | RATION | 198 CONDII | ION FOR | WHICH OPERAT | ON WAS PERF | FORMED? | | | | 2D A | AUTOPSY? | , |
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| ND 212 | USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE SEDENCE BEFORE ADMISSION) 130. ST. MD. 130. ST. MD. 131. STREET ADDRESS TLECCO | ONE WAY 20874 |
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| ST., BALT | 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Seps 15 | APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH GRUSS |
| the death centremove corbination, or introducing the removing or transmission. | Conditions, if any, which gave rise to immediate cause (a), stating the DUETO, OR AS A CONSEQUENCE OF | 3 weeks |
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| NDIN I or I We offi | 220.1 certify that (11)(this haspital) attended the deceased from | , 19 7, that (I) (we) lost |
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| D € D € ₹ | 236. BURIAL, CREMATION, REMOVAL 230. DATE 23C. NAME OF CEMETERY OR CREMATORY 256 LOCATION | RED' MD. STATE |
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| SCLAN T g physic restlicate rightran restal tyg | 100 | 210. ACCIDENT WAS UNDE OR CONTRIBUTING CA (IF EITHER NOTIFY MEDICA | AUSE OF DEAT | 173 | M. MONTH DA | Y YEAR | 21c HOW INJURY OCCURR | ED (ENTER NATURE OF INJU | RY IN ITEM 18 PA | ART I OR PART 2) | | | |
| NG PHYS affect this os the bis th and M. | MEDICAL | 21d INJURY OCCURRE | E 🗆 | | REET, FACTORY, OFFICE, FA | | 211 LOCATION STREET | CITY OR TO | WN | COUNTY | STA | ATE | |
| STENDS or Spital or for use of Health (21 is ma | | 178 I certify that (I) (saw the decease above, (I) (we) di | this hospit d alive an d) (did nat | 15 MAR(| e deceased from _ CH 1987 ₁₉ after death. | 15 MA | RCH 19 87 d that in (my) (aur) apınian o | , ta15_MAR death accurred an the de | - | ond from the | that (1) (we causes state | e) last ted | |
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| O HOSPI TO FUNE MAPORTAL | | T.A. DOWGI | N, YI | r, Mc, I | | | NAVAL HOSPITA | | A, MD | 20814 | -5011 | | |
| 96999 | C | BURIAL, CREMATION, R PEMation | | Mar.16 | 5,1987 L | ee C | rematory | 23d LOCATION CITY OF TOWN WAShi | ngtor | COUNTY D. | | ATE | |
| DHAM - 16 60M 7/84 (VRA 15, 4) | 24 F | UNERAL DIFFGIPPh | y Fu | neral | Home ADDRESS A | rlin | gton, Va 250. DATE | AFO D BY REGISTRAR | 25b, REGISTA | RAR'S SIGNATI | URE - | M. | |



STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 20. DATE OF DEATH 2b HOUR (TYPE OR PRINT) John 1:22 a M Ear1 Reed March 13, 1987 4 RACE 5. DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) 3. SEX IF UNDER 1 YEAR October 8, 1961 Male Negro 25 TO BIRTHPLACE (STATE OR FOREIGN 9. BALTIMORE CITY OR COUNTY OF DEATH 76 CITIZEN OF WHAT COUNTRY? MARRIED X NEVER MARRIED **IISA** Montgomery County ARIZONA WIDOWED DIVORCED T O CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 12b. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)
NIH, The Clinical Center INDUSTRY (TYPE OF WORK FOR MOST OF WORKING LIFE) Bethesda E-5 U.S. ARMY SUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) SK COUNTY 13d. INSIDE CITY LIMITS? 13e.STREET ADDRESS / ZIP CODE 13c. CITY OR TOWN New York Brooklyn 849 Flushing Ave. 11206 FATHER'S NAME 15 MOTHER'S MAIDEN NAME LAST MIDDLE BROWN WILLDELL UNKNOWN ADDRESS 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT (IF YES, GIVE WAR OR DATES) 527-47-0490 Charlene Reed, Wife (Same) APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY: ANTRAPULMONARY HEMORRHAGE WITH MASSIVE DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which FIINGAL PNEUMONTA gave rise to immediate cause (0), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause HISTORY OF APLASTIC ANEMIA & GRANULOCYTOPENIA PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 9a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO NO I 210 ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 19 21d INJURY OCCURRED 21e PLACE OF INJURY 21f LOCATION CITY OR TOWN COUNTY (AT HOME, STREET, FACTORY, OFFICE FARM, ETC.) NOT WHILE November 17 10 86 22a I certify that (K (this haspital) attended the deceased from saw the deceased alive an March 13 abave. (X (we) (did) (did(XX)) view the bady after death 87 , and that in (n) (aur) apinian death accurred an the date and have and from the causes stated DEGREE 22¢ DATE SIGNED 226. SIGNATIM National Institutes of Health 9000 Rockville Pike, Bethesda, Maryland 20892 23 NAME OF CEMETERY OR CREMATORY 230. BURIAL, CREMATION, REMOVAL 23d LOCATION BURIAL ARLINGTON NATIONAL 3/17/87 DHAM - \$5 6088 7/84 (VRA 15, 4) N.W. WASH.D.

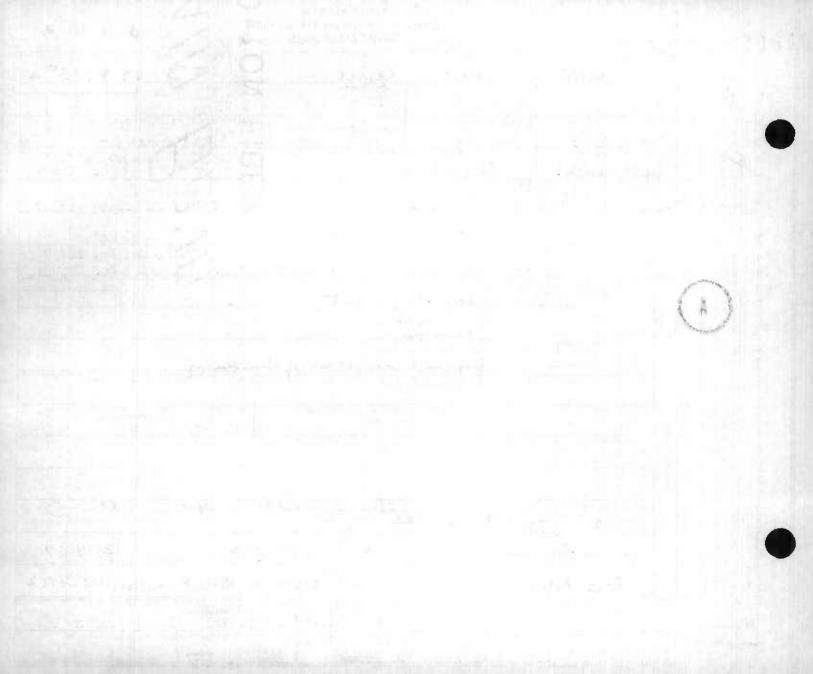


| 475 8 HAR | 0 0 | 7 | | | | | OF MARYLAND | | | | | |
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| oy be death | | ASED NAME | FIRST S | yoil | D I | RE | AST Reichard CHARD | 7 2 | O DATE OF DEATH | 3 6 | YEAR X | 1025A |
| e 4 may ctor. pa | 3. SEX | Female | 4 | 4 RACE White | | 5. DATE O | ly 17, 1910 | | AGE TIN YEARS LAST BIRTI | YRS. | | IF UNDER 24 HRS HOURS MIN. |
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| filled in hould be in most | 130. ST | MD | 136 COUNT | THER INSTITUTION. | 13c. CITY OR | | 13d. INSIDE CITY LIMI YES\$ NO | | 9634 Weath | zip cope nered O | ak Ct. | /20817 |
| maker on with | | HER'S NAME Albert | <u> </u> | IDDLE | Dengl | ler | Cathar: | | WIDDIE | | Don | al |
| be execu | | AS DECEASED EVER | | MED FORCES? | | SECURITY NO. 54-6057 | Paul E. | Reich | ADDRES | | ss as | #13. |
| your that the starts centification by the starts of the st | | Canditians, if any, gave rise ta imm couse (a), stating underlying cause | which dedicte g the last. | BY: CAUSE (0) DUE TO, OI (b) DUE TO, OI (c) | R AS A CONS | SEQUENCE OF | NOT RELATED TO THE | E TERMIN | AL DISEASE OR COND | DITION GIVEN | 93 | ATE INTERVAL VSET AND DEATH |
| The low recommend of the person of the perso | RTIFIC | DATE OF OPERAT | | 196 CONDI | TION FOR W | HICH OPERATIO | N WAS PERFORMED | | 200 AUTOPSY? YES NO 🔀 | 20b. IF YES, W IN CERTIFYIN YES | IG CAUSES O | GS USED OF DEATH? |
| ing physical in the control of the c | CAL | TO ACCIDENT WAS UND OR CONTRIBUTING C C (IF EITHER, NOTIFY MEDICAL INJURY OCCURR | AUSE OF DEATH | 216. TIME O HOUR A./ P./ 21e. PLACE O | M. MONTH M. | DAY YEAR | 21c. HOW INJURY O | CCURRED |) (ENTER NATURE OF INJUR | Y IN ITEM 18 PART | TORPART 2) | 8,8 |
| After the control of the day | | WHILE NOT WH | ILE | (AT HOME, STR | EET, FACTORY, OF | FFICE, FARM, ETC.) | STREET | A-7 | CHYORIOW | VN | COUNTY | STATE |
| ATTEND populoi o ECTOR d he use a 2 i he | | 20 I certify that (I) saw the decease abave, (I) (we) (d | d alive an_ | 3/ | 4 | 19 07,00 | | pinion dec | to, to on the do | te and hour ar | nd from the co | |
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1170 Rockville Pike; Rockville, Md. 20852

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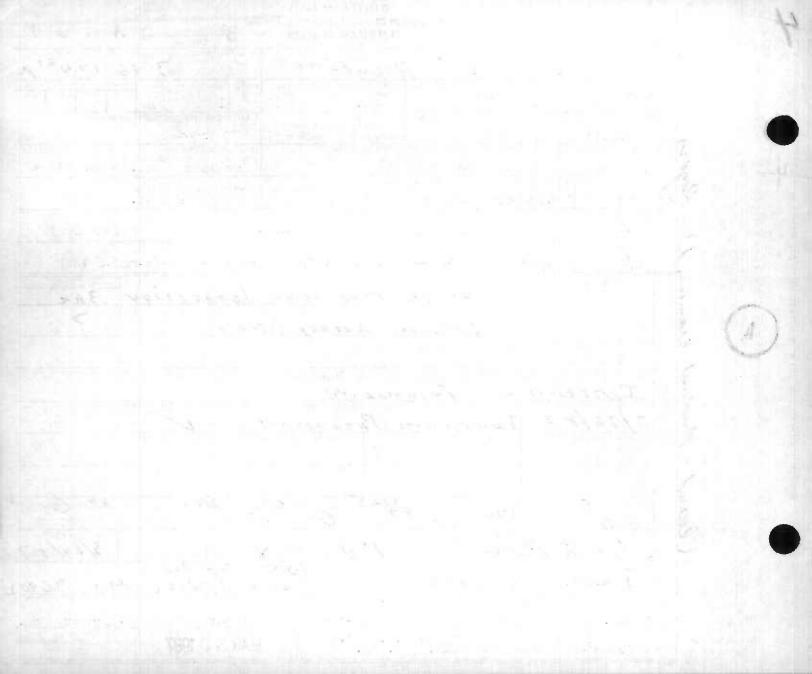


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| been mit The prior to any in | CERTIFICATION | 190 DATE OF OPERATION | 19h CON | DITION FOR WHICH | OPERATION WAS PE | REORMED | 20g AUTOPSY? | 20b. IF YES, WE | RE FINDINGS US | SED | | |
| nos bross br | FI. | The Brite of Orenthorn | | | | | YES T NO X | IN CERTIFYING | CAUSES OF DE | | | |
| The se se se | ERTI | 21a, ACCIDENT WAS UNDERLYIN | G T 21h TIME | OF INJURY | 21c HO | W INJURY OCCUR | RED (ENTER NATURE OF INJU | | | | | |
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| 그는 그들은 그 | | / | Summen | any my | | PHYSICIAN | | | 2/10/ | | | |
| HOSPITAL med by the FUNERAL old be de on the Stort | | 224 PHYSICIAN'S NAME | | CLAT | 22e ADI | DRESS | 15 5 T SILV | es ceel | NE MI | 20 | | |
| TO HOSPITA etained by TO FUNER should be di with the Sta | | TONY P. K | HNNH | RKAT. | 8 | 20/ 16 | >1 >ILV | CK SINI | 07, 7.77 | | | |
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| BP | | BURIAL | 3-21- | 1987 C | ATHOLIC CE | | DAVAO C | TTY | PHILIF | PINE | | |
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| (VRA 15, 4) | W | . W. CHAMBERS | G CO. INC | • SÎLVE | R SPRING,M | d. MAK | 90 HOLL O | E The | | | | |
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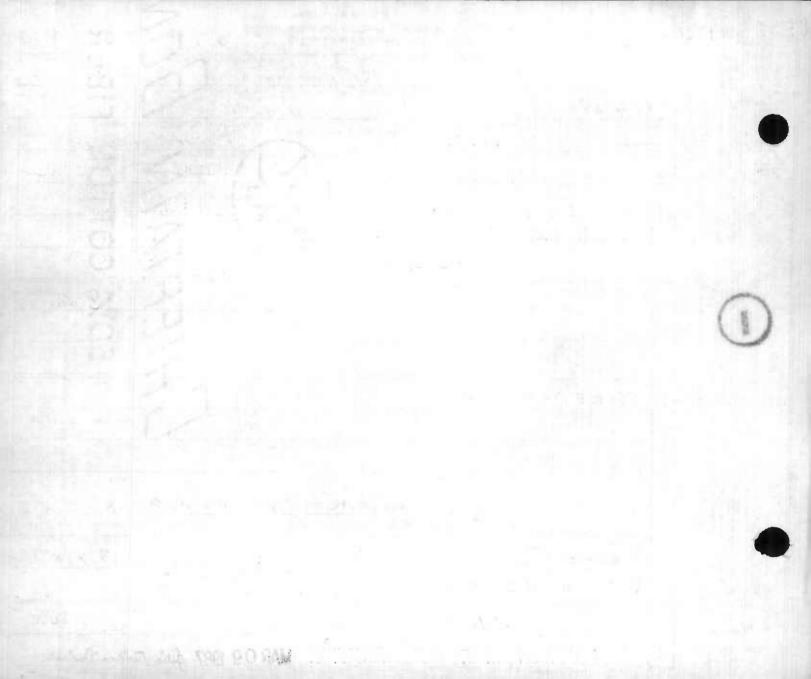
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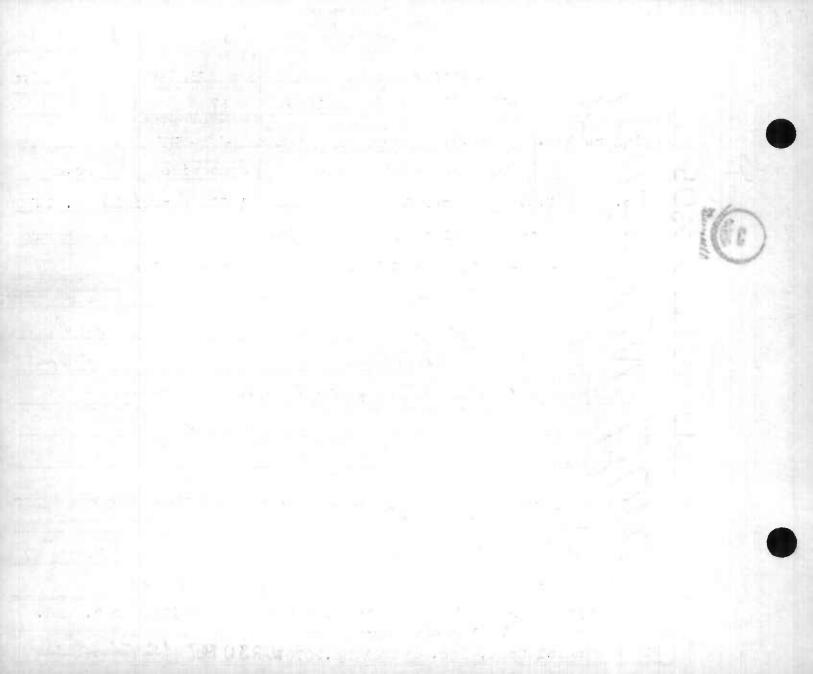
4110 the state of the s many parties and the second the relief too and feeling a top probaged for next

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO LOECE ASED NAME FIRSTSAC MIDDLE 2a. DATE OF DEATH RTGUEIME MONTH 26 HOUR LITYPE OR PRINTS 1 GUELME 37 26 3. SEX 4 RACE 5 DATE OF SIRTH & AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS Male White MONTH 19 16 Mar. 16 78. BIRTHPLACE ISTATE OR FOREIGN 7h CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED ENEVER MARRIED COUNTRY USA Chile WIDOWED Montgomery 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12b. KIND OF BUSINESS OR INDUSTRY Wheaton Holy Cross Hospital Mechanic Ret. Automobiles 136 COUNTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 3000 Lindell St. Montgomery Wheaton 20902 arvland YES X NO [4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME FIRST MIDDLE MIDDLE (unknown) Rigue 1me Josphina Manuel 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT ADDRESS 218-26-8309A Albertina Riguelme -wife-(same as 13e) 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: MYUCARDIAL IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF ARTERY DISEASE OROWARY Conditions, if ony, which gove rise to immediate couse (o), stoting DUE TO, OR AS A CONSEQUENCE OF underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART LIG CERTIFICATION NEU MOUITU 190 DATE OF OPERALION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NEU MONITI NO NO F 21a. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART ?) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED 211 LOCATION 21e PLACE OF INJURY CITY OR TOWN COUNTY STATE LAT HOME STREET, FACTORY, OFFICE, FARM, ETC 1 NOT WHILE 220 I certify that (1) This haspital) attended the deceased from sow the deceased alive on_ and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above (b (we) (did) (did not) view the body after death 226 SIGNATURE DEGREE 224 DATE SIGNED ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN 12e ADDRESS 22d PHYSICIAN'S NAME LITTE OF PRINTS ld b KNEST 230 BURIAL, CREMATION, REMOVAL 231. NAME OF CEMETERY OR CREMATORY 23b DATE 23d LOCATION (SPECIFY) BP Burial 3-30-1987 Gate of Heaven Silver Spring Montgomery 24 FUNERAL DIRECTOR 250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE 11800 N.H. Ave., DHMH - 16 60M 7/B4 y zame when the recommendate Hines Rinaldi Funeral Home Sil. Spr. Md. (VRA 15, 4)



| 0000 | | STATE OF MARYLAND | |
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| 5953 MAR 1387 | FOR STATE REGISTRAR | CERTIFICATE OF DEATH BEG. NO. | 8310 |
| 4. M.E | I DECEASED NAME FIRST | MIDDLE LAST 20 DATE OF DEATH MONTH | DAY YEAR 26 HOUR |
| noy be poge 3 | | | 287 2A M |
| ge 4 mr ector. p | Gemale | 4 RACE S. DATE OF BIRTH DAY YEAR 4 1894 92 YRS | IF UNDER I YEAR IF UNDER 24 HRS |
| Solder Solder | THE RTHPLACE (STATE OR FOREIGN | 76 CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9 BALTIMORE CITY OR COUNT | |
| tother of or of or | RUSSIA | U. S. A. WIDOWED DIVORCED Montgon | |
| by the fi | Wheaton | 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Randalah Hill- Wiesser Home | URESS MAKER |
| No 212 hour | 13a STATE 13b C | AC OR OTHER INSTITUTION OF WE RESIDENCE DEFORE ADMISSION 130 INSIDE CITY LIMITS? 130 STREET ADDRESS / ZIP COD 150 MILE ATON 130 YES 1 NO 1 4011 RANDOLF | |
| d - min | 14 FATHER'S NAME (UNASCERAINABI | 15 MOTHER'S MAIDEN NAME | STATSKY |
| IMORE, A | 160 WAS DECEASED EVER IN U.S. | ARMED FORCES? 166 SOCIAL SECURITY NO. 213-74-1690 17 INFORMANT BENJAMIN RINIS, BETHESDA, | IURST ROAD MARYLAND |
| DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., 8A DPAS PRIVISICARY. The law requires that the last central of After this central payoresis. After this central payoresis. Their please remain against a set the busion transit permit. Their please remain against and Mental Hypothe prior to busion cremains. Again and marked or then 18 shows any rejury, or other traumatic event. | PART I. DEATH WAS CA JAME! Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost part 2 OTHER SIGNIFICA SELUCE D PART 2 OTHER SIGNIFICA SELUCE D 19e DATE OF OPERATION 21e, ACCIDENT WAS UNDERLYING OR CONTREIUTING CAUSE O INFETHER NOTHY MEDICAL EXAMPLE AL WORK NOT WHILE AL WORK AT WORK | DIATE CAUSE (0) DUE TO, OR AS A CONSEQUENCE OF (c) DUE TO, OR AS A CONSEQUENCE OF (c) TO CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN THE CONDITION FOR WHICH OPERATION WAS PERFORMED 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? YES NOW YES NOW YES NOW FDEATH HOUR A.M. MONTH DAY YEAR 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN 11EM 18 | ES, WERE FINDINGS USED IFYING CAUSES OF DEATH? ES NO |
| TO HOSPITAL CHIEF retorned by the sopilal TO FUNERA DIRECTOR should be immed by with the State Dent | sow the deceased alive above, (1) (more alive) (di | THE ORPRINT) TO SHAME WITH A STAFF PHYSICIAN DIRECTOR PHYSICIAN ON THE ORPRINT PHYSICIAN TO STAFF PHYSICIAN | 221 DATE SIGNED 3/2/87 |
| BP | 230 BURTAL BURTAL | VAL 236 DATE 236 NAME OF CEMETERY OR CREMATORY 236 LOCATION PRIM 3/5/1987 MOUNT LEBANON CEMETERY ADELPHI. GEOR | RGES, MARYLAND |
| DHMH - 16 60M 7/84 (VRA 15, 4) | 24 DONAL DREMOR STEI 232 CARROLL ST | N HEBREW MEMORIAL FUNERAL HOME 1250. DATE REC'D. BY REGISTRAR 1256. REGIS | TRAR'S SIGNATURE |





STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO. 1. DECEASED NAME 20. DATE OF DEATH LTYPE OR PRINTI Kober 3. SEX 4 RACE 6. AGE (IN YEARS LAST BIRTHDAY) 5. DATE OF BIRTH IF UNDER I YEAR F UNDER 24 HRS YEAR Malo Caucasian I STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH ... NEVER MARRIED New York LISA armen WIDOWED DIVORCED [ID CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 126. KIND OF BUSINESS OR INDUSTRY AVINU Man Service JOUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 136 COUNTY 13e STREET ADDRESS / ZIP CODE 13d. INSIDE CITY LIMITS? Montgomery Maruland Rockville 1302 Crawford Drive FATHER'S NAME 15. MOTHER'S MAIDEN NAME FIRST MIDDLE FIRST Nicola Roberto Tommasina Gramita 16g WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17. INFORMANT ADDRESS (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) WW IT Yes 097-12-4716 Lena F Roberto 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (p) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which Consestive gove rise to immediate couse (p), stoting DUE TO, OR AS A CONSEQUENCE OF underlying couse lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 19n DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NON YES NO IT 21a. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 211 LOCATION 21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN STATE NOT WHILE 22a. I certify that (1) (this hospital attended the deceased from 6 me 7man 6 mar sow the deceased alive on 6 Mar obove, (1) (we) (did) (did not) view the body ofter death and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 22h SIGNATURE DEGREE 22c. DATE SIGNED MEDICAL 7mar 87 MO ATTENDING ... PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS ld b Viers mill Rd Rockville, md Pollack, M.D. 2085 23a BURIAL, CREMATION, REMOVAL 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION Burial Mar. 10, 1987 Gate of Heaven Silver Spring Montgomery Md. 24 FUNERAL DIRECTOR Francis J. Collins Jr. DHMH - 16 60M 7/B4 500 University Blvd. W. Silver Spring. (VRA 15, 4)

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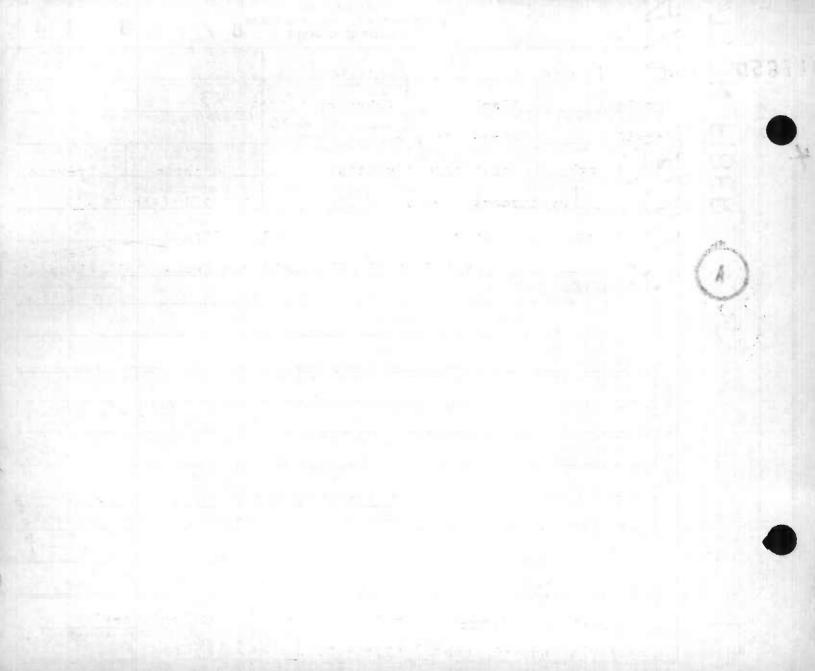
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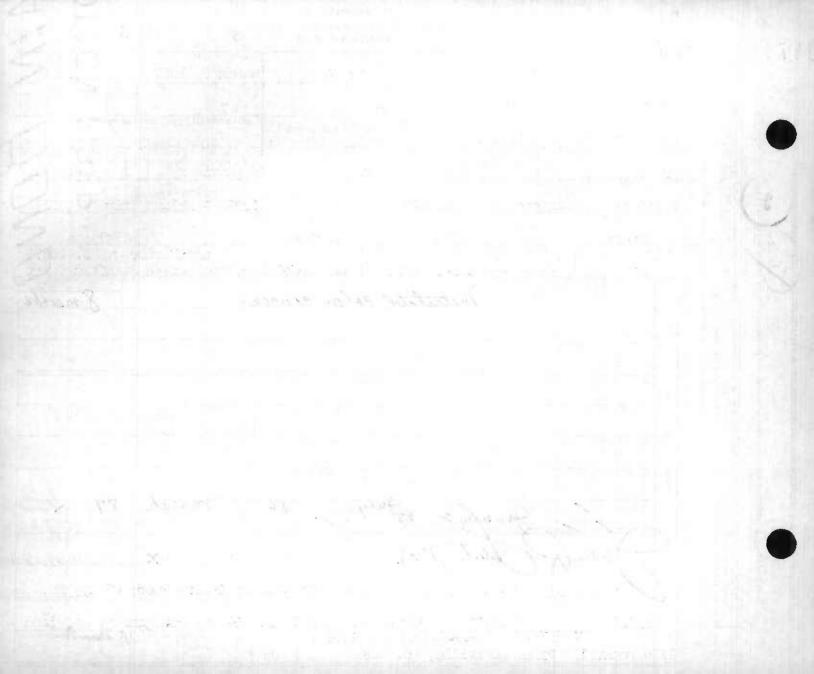
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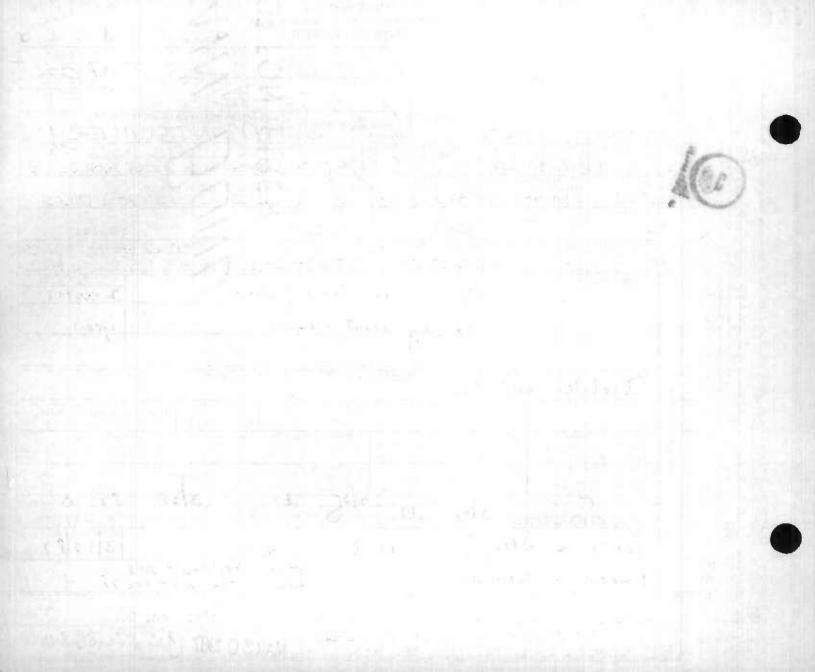
| | 1 | | | | OF MARYLAND | | | |
|--|---------------|---|--|------------|--|---------------------------------|--------------------|---|
| | 1. | FOR STATE REGISTRAR | DEPARTA | | EALTH AND MENTAL HYGIE ICATE OF DEATH | NE B FREG. NO | 0 8 | 3 1 4 |
| | | CEASED NAME FIRST | WIDDLE | 0 1 | AST | e. DATE OF DEATH | MONTH DAY | YEAR 26 HOUR |
| 650 BAR 19 | 97 | Bonita | | Rot | inson | 3 - | 3-198 | 7 9-4 M |
| a po | 3. SE | | I RACE | 5. DATE C | F BIRTH 6 | AGE (IN YEARS LAST BIR | HDAY) IF UNDER | |
| ge 4 ectar rs af | Fe | male | Black | | ruary 4,194 | 3 43 | YRS | DATS HOURS MIN. |
| Pour Pour | | IRTHPLACE (STATE OR FOREIGN 7 | b. CITIZEN OF WHAT COUNTRY? | 10 | | BALTIMORE CITY O | | тн |
| eath | | ryland | United State | | | 1 | mut | MD |
| The fee | 10 C | ITY OR TOWN OF DEATH | 1. NAME OF HOSPITAL, NURSIN | IG HOME C | OR OTHER INSTITUTION | 20 USUAL OCCUPATION | | IND OF BUSINESS OR |
| by the filled w | | koma Park | Washington A | Adver | | Domest | | Private |
| d in be | USU 13a. | AL RESIDENCE (IF NURSING HOME OF C | | | 13d INSIDE CITY LIMITS? | 3e.STREET ADDRESS | | 21900 |
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| of the state of th | 14. F | ATHER'S NAME ETRST M | NIDDLE LAST | 0.00 | 15 MOTHER'S MAIDEN NAME | | | LAST |
| b lake | | Tasker | Stokes | | | e William | e | LASI |
| petuna Programme | | VAS DECEASED EVER IN U.S. ARM | | RITY NO. | 17 INFORMANT | ADDRE | SS | Ct.Landov |
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| 5 5 W 1 | | | | | A A | P HUSD | and 1918 | APPROXIMATE INTERVAL TWEEN ONSET AND DEATH |
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| tend on, o | | Conditions, if ony, which | DUE TO, OR AS A CONSEQUE | NCE OF | | | - 34P | |
| and | | gove rise to immediate | (b) | | | | | |
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| quir sign fhen to b | Z | TAN I OTHER SIGNAL REALTY CO | SADITIONS COLVINIBULINO 10 E | ZAIII BOT | NOT KEERIED TO THE TERMIN | IAL DISEASE OR CON | DITION GIVEN IN PA | ART HO |
| been prior | CERTIFICATION | 190 DATE OF OPERATION | 19b. CONDITION FOR WHICH | OPERATIO | N WAS PERFORMED | 20g AUTOPSY? | 20b. IF YES, WERE | FINDINGS USED |
| hos I ne per | 员 | LIBITED E | | | | YES IN NEXT | IN CERTIFYING CA | AUSES OF DEATH? |
| Cote Cote Hygie | 1 2 | 210. ACCIDENT WAS UNDERLYING | 21b. TIME OF INJURY | | 21c HOW INJURY OCCURRE | | | |
| d = w = - (d) | | OR CONTRIBUTING CAUSE OF DEATH | | | | - (tilling of man | | |
| YSICLA Sing p s certing Suriol- Mento | MEDICAL | 116 INJURY OCCURRED | P.M. 21e PLACE OF INJURY | 19 | 211. LOCATION | | | |
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| FEND OR | | 22a.1 certify that (I) (this haspita | | 47 | , 19 | , 10 | 19 0 | that (I) (we) lost |
| ATT ASTI | | saw the deceased alive an above. (I) (we) (did) (did nat) | view the body after death. | | d that in (my) (aur) apinian de | oth occurred on the do | | |
| Coche Dep | ь | 200 SIGNATURE | ancel. | - | DEGREE | MEDICAL STAF | | DATE SIGNED |
| TAL det det fate | | / wesq pa | recet 140. | | | MEDICAL STAF DIRECTOR PHYSIC | IAN 🗌 | 3/3/57 |
| HOSPITAL med by the FUNERAL uld be det or the State | / | 22d. PHYSICIAN'S NAME (TYPE OR | | | 22e ADDRESS | 11 11 | | |
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| T = 12 x ₹ | 230 | BURIAL, CREMATION, REMOVAL | 23b DATE 23c N | IAME OF C | EMETERY OR CREMATORY | 23d LOCATION | 10 | |
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| (VRA 15 4) | | _ | ADDRESS | DT | MA N W MA | R 1 8 1987 | La Dame | was Lindalle |



| | | | FOR | | | DEPA | | E OF MARYLAND TEALTH AND MENTAL | HYCIEN | ur | | | 1 |
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| 7 1 5 2 1 | AD IS | 97 | STATE REGISTRAR | | | DEFA | | ICATE OF DEATH | . n i Gier | 8 / REG. N | 0 8 | 0 | 1 3 |
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| E po | | 3. SEX | | | 4. RACE | | 5. DATE (| | - | AGE (IN YEARS LAST BIR | THDAY) IF (| UNDER I YEAR | IF UNDER 24 HRS |
| ecto | - 1 | | male | | White | 2 | Apri | | | 67 | YRS. | 52,3 | MIN. |
| Pool dir | 18 TO | 7g. BIF | OUNTRY) | FOREIGN | 76 CITIZEN OF | WHAT COUNT | RY? 8. | D NEVER MARRIED | 9. | BALTIMORE CITY | R COUNTY OF | FDEATH | |
| de ot | 30 | | sachusett | _ | U.S.A. | | WIDOWE | DIVORCED | | Montgo | omerv | Count | Y, MD. |
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| od in | 2 | 130 S | L RESIDENCE (# NUR! | 136 COUN | OTHER INSTITUTION | 13c. CITY OR T | | 134. INSIDE CITY LIMIT | TS? 13 | e.STREET ADDRESS | ZIP CODE | | |
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| E 2 | 1 | 14. FA | THER'S NAME FIRST | | MIDDLE | LAST | | 15 MOTHER'S MAIDEN | NNAME | MIDDLE | | LAST | |
| | -3 | | Harry | | | Kaplar | | Esther | | | | ichma | |
| o pu | edica | | /AS DECEASED EVER | | MED FORCES? E WAR OR DATES) | 166 SOCIALS | ECURITY NO. | 17 INFORMANT | | Gâit | hersbue | g, Md. | 20877 |
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| nysici opei | t, th | | 18 CAUSE OF DEAT PART I. DEATH W | H (Enter on | ly one couse per | troe for (a), (b | | | | | | BETWEEN | MATE INTERVAL |
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| oth c | notic | | | | DUE TO, O | R AS A CONSE | QUENCE OF | | | | | | |
| RESI | ran | | Conditions, if any gave rise to imi | | (b) | | | | | | | | |
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| nit. T | 2 | CERTIFICATION | 190 DATE OF OPERA | TION | 19b COND | TION FOR WH | HICH OPERATIO | N WAS PERFORMED | | 20e AUTOPSY? | 20b. IF YES, W | VERE FINDIN | GS USED |
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| PHYSICIAN PHYSICIAN this certifical buriol-trood Mental H | | | OR CONTRIBUTING | | in . | | DAY YEAR | | | | | | |
| ding ding | ±/ | MEDICAL | 21d INJURY OCCUR | - | 21e PLACE | OF INJURY | | 211 LOCATION | | | | | |
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| P P P P P P P P P P P P P P P P P P P | Thou. | | 22n Learnify that U | this bosout | toll oftended th | e deceased fro | on gul | 19_ | 86 | , to Ma | rch 19 | 87 | that 💥 (we) last |
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| OR A POSITECT IN THE CONTRACT OF THE CONTRACT | E a | 1 | 226 SIONATURE | 7000 |) + | orper deam. | 100 | DEGREE | - | | | 22c DATE S | SIGNED 5 |
| _ 0 | - E | - | Pules | h | Vole | 4 | us | ATTENDIN PHYSICIA | NG AN T | MEDICAL STAI | IAN X | March | h 9, 1987 |
| HOSPITAL ined by the FUNERAL hthe State | NA / | | ME PHYLICIAN'S N | ANE I ME CI | 2220 | 1 | · · | 22e ADDRESS | | | | Tracci | 1 3, 130, |
| 1 2 4 6 4 | MPORTANT | 1 | JULES | R | LODISH | . M.D. | | 2901 Olney | v−Sar | ndv Spring | Road: | Olney | . Md. |
| 5 g D d 3 | ₹1 | | URIAL, CREMATION, | | 23b. DATE | | 23c NAME OF C | EMETERY OR CREMATO | | 23d LOCATION | | | |
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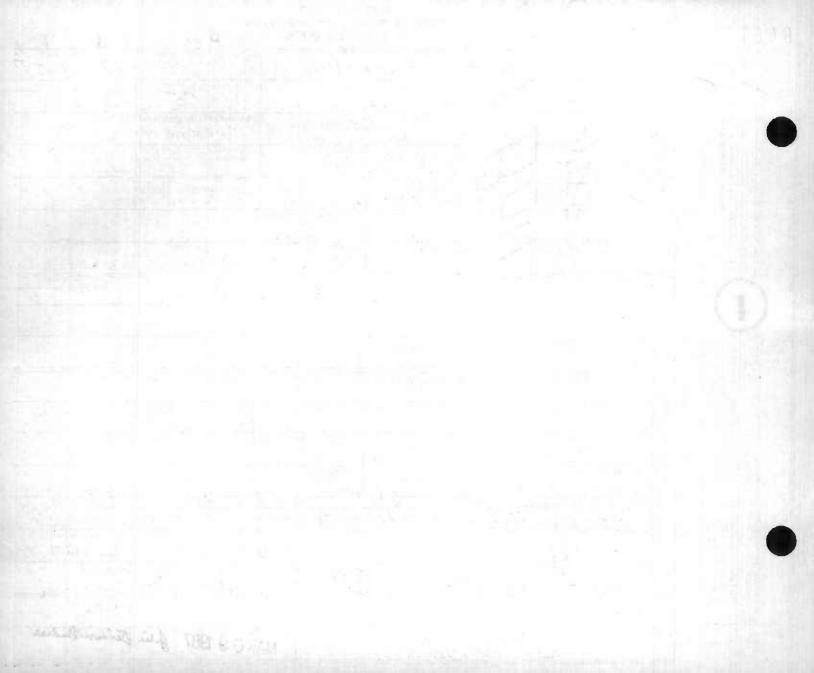
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| 10 | à | 1) el SPPIN | J 6 11 110 | WCP | IN MURESSI | HOSO JAL | (1YPE OF WORK EOR MOST | | | |
| 737 | Wo. 5 | | OUNTY | TIME CITY OR TO | WN | 13d. INSIDE CITY LIMITS? | 13e.STREET ADDRESS | ZIP CODE | | |
| | | 4 | ontgamery | Silver | Spring | YES X NO | 9623 Mt. P | isgah | Road (209 | 903) |
| mplete | | THER'S NAME FIRST | WIDDLE | Slavin | | Minnie Minnie | MIDDLE | | Druckman | |
| n ond be Poges 1 | | VAS DECEASED EVER IN U.S | S. ARMED FORCES? | 166. SOCIAL SEC | CURITY NO. | 17. INFORMANT | ADDS | filver | Spring, I | Md. 2090 |
| Pool S | | 10 - | | 577-28- | 4700 | Philip Rovn | er; Husband; 9 | 623 Mt | Pisgah | Road: |
| ote l spersion vol. | | 18. CAUSE OF DEATH (Ent PART I. DEATH WAS CA | er only one couse pe | er line for (a), (b), (| ond (c.) | 1 1 | 4 | | APPROXIMATE BETWEEN ONSE | INTERVAL T AND DEATH |
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| signed Then pl to buri | NO | Di abete | 4.6 | tui. | DEATH BUT | NOT RELATED TO THE TE | RMINAL DISEASE OR CON | DITION GIVI | EN IN PART 110 | |
| D ony | CERTIFICATION | 190 DATE OF OPERATION | 196 CONE | OITION FOR WHIC | H OPERATIO | N WAS PERFORMED | 200 AUTOPSY? | 206. IF YES | , WERE FINDINGS | USED |
| hos hos | TIFIC | | | | | | YES NO | | YING CAUSES OF I | IO [|
| hysicie ficote tronsit Hygii 18 sh | CER | 210 ACCIDENT WAS UNDERLYIN | 110110 | OF INJURY | DAY YEAR | 21c HOW INJURY OCC | URRED (ENTER NATURE OF INJU | RY IN ITEM TO PA | ART T OR PART 2) | |
| this certificate buriol-troited Mentol H) | AL | OR CONTRIBUTING CAUSE (| OF DEATH | P.M. | 19 | | | | | |
| or h | MEDICAL | 21d INJURY OCCURRED | 21e. PLACE | E OF INJURY | F F A DAA E1C | 211 LOCATION | CITY OR TO |)WN | COUNTY | STATE |
| os the or the orked | Σ | AT WORK NOT WHILE AT WORK |] [Al nome. s | TREET, FACTORY, OFFICE | FARM, EIC) | | | | | |
| or Aft. Aft. Aft. Aft. Aft. Aft. Aft. Aft. | | 22a. certify that (1) this | hospitol) ottended t | he deceased from | | 27 19 8 | 7 | 27 | 19_87, tho | (we) lost |
| pro for 10 of H 21 i | | saw the deseased alive obove, (I) (we) (die) (d | ve an | y ofter death | 87,01 | d that in (m) (our) opinio | on death occurred on the a | ote and hour | and from the cous | es stoted |
| DIRECTOR A POST OCHOOL | | 226. SIGNATURE | 8 | Λ | P | DEGREE | | | 22c. DATE SIGI | WED |
| | | Neutra | - Olay | el | M | - D ATTENDING | MEDICAL STA | FF CIAN [| 3 27 | 187 |
| FUNERAL State of the the State of the the State of the the State of th | | 224 PHYSICIAN'S NAME | | | | 22e ADDRESS 377 | + FARRAGU | T AV | | |
| | | MARTIN | C. SHAR | 686 | | KA | SINGTON M | 2-20 | 895 | |
| Open Charles of Charle | | SURIAL, CREMATION, REMO | DVAL 236. DATE | 230 | NAME OF C | EMETERY OR CREMATOR | | | | |
| BP | | Cremation | 3/28/ | 87 | Lee Cr | rematory | Washin | gton, | D.C. | STATE |
| DHMH - 16 60M 7/84 | 24 FL | NERAL DIRECTO DANZ | | | | CHAPELS 250 D | ATE REC'D. BY REGISTRA | 256 REGIST | RAR'S SIGNATURE | 1.00 |
| (VRA 15, 4) | 11 | 70 Rockville | Pike: Ro | ckville. | Md. 20 | 0852 | MAR 3 0 1987 | Julia 1 | Derigora - Kon | AL SER |



Falls Church, Va. 22046

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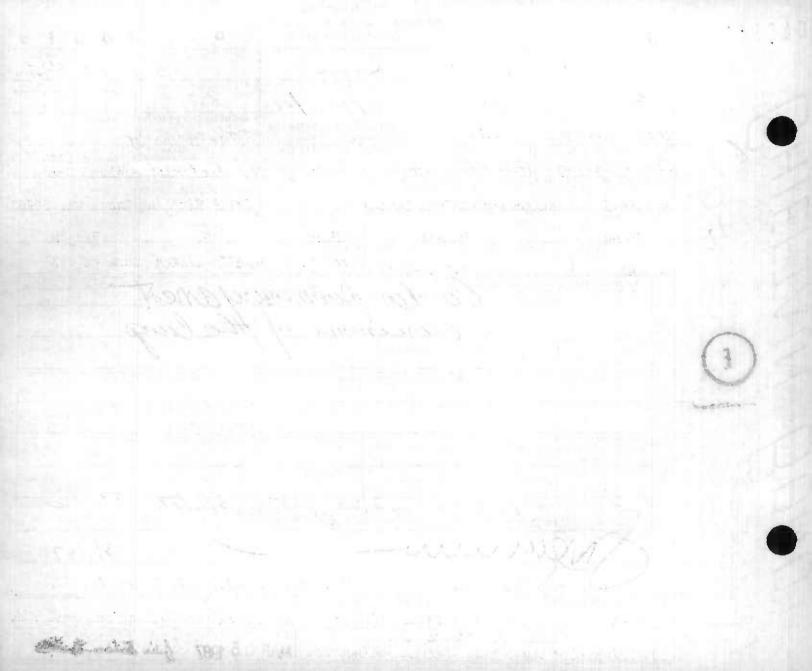
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| 0 1 | 6608 | dit. | STATE 17 N | Gbi. | | | EXAMIN | | | | F DEA | TH / | REG. N | 00 | 8 8 | 1 2 |
| | | | CEASED NAME | FIRST | | MIDDLE | | l. | AST | V 11 | | 20 DATE K | NOWN [| HINOM | OAY YEAR | 2b. HOUR |
| | ET, ES. S. E. | | L ON THUM | Keith | | V. | | Ri | ussel | 1 | | OF DEATH / | COII- | 3-5 | 1987 | AA |
| | STREET STREET | 3 SEX | | 4 RACE | S. DATE OF BIRTH | YEAR | 6 AGE (IN YEA | ARS IF UNI | | IF UNDER | | 2c. DATE | | MONTH | DAY YEAR | 2d HOUR |
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| - | INGRAL FOR WITHIN | | RTHPLACE (ST | ATE OR | 76. CITIZEN OF WH. | AT COUN | TRY? | 8 MARRIE | D NE | /FR MARRI | ED X | 9 BALTIMO | RE CITY | R COUNT | Y OF DEATH | |
| | 2 - 11 - 3 | MA | RYLAND | | U.S.A. | | | WIDOWE | D 🗆 | DIVORC | ED 🗆 | Mor | ntgome | ery C | ounty | MD. |
| | PAGE PAGE | | Silver | | 11. NAME OF HOSP (IF NOT IN SUCH FAC HOLY Cro | ITAL, NUF ILITY, GIVE ST SS HO | RSING HOME REET AODRESS) DSPITA | , OR OTHE | R INSTITUI | NON | | NONE | | E OF WORK | OR INDUST | RY |
| 102 | O TO | USUA 13a S | L RESIDENCE | IF IN NURSING HOME O | R OTHER INSTITUTION GIVE | RESIDENCE | OR TOWN | ON) | 3d INSIDE CI | TY LIMITS? | 13e. STRI | EET ADDRES | s | - | 20 | 912 |
| - | 33888 | - | ARYLANI | | IUNI | SILV | ER SPR | ING | YES T | NO 🗆 | 1913 | | | HWY | #202 | 1,00 |
| 8 | A CONTA | JE EZ | THER'S NAME FIRST | | WIOOFE | | LAST | | | RST | NNAME | MID | DLE | | LAST | |
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| TIM | AND SECTION / | 16a V | ES, NO, OR UNKNO | | WAR OR DATES) | | IAL SECURITY | | 7. INFORM | | | | ADDRESS | | | |
| BAL | SA PAGEN | | NO | | /A | | -88-127 | 72 | LENOR | A RUS | SELL | 1913 | EAST | WEST | HWY .#2 | 02 SS |
| 15 | 8E355 | | 18. CAUSE OF | F DEATH (Enter on) ATH WAS CAUSED | y one cause per line f | or (a), (b) | , and (c).)° | | | | | | | | BETWEEN ONSE | |
| No | CAMP SE | | 1119 | IMMEDIAT | E CAUSE (o) D. 1 a | | | | desi | IS W | 1 th | obesi | 1.1 | | - | |
| PRESTON | 是海滨 | | Condition | is, if ony, which | DUE TO, OR A | S A CON | SEQUENCE C | | | | | | | | | |
| 2 | NA TAKE W | | | e to immediate stating the under- | DUE TO, OR A | SACON | SECULENCE |)E | | | | | | | | |
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| 50 | AND AND AND | - | PART 2 OTHER SIG | SNIFICANT CONDITIONS (| CONTRIBUTING TO OFATH BL | IT NOT RELAT | EO TO THE TERMI | NAL DISEASE | OR CONDITION | GIVEN IN PAI | II I la | | | | 1 | |
| DIVISION OF VITAL RECORDS | ULD BE DOR "PENDING EF AEDICA FE AS ABI HEALTH AL, CREMA | NO | | | | | | | | | | | | | | |
| 2 | HIEF MEDIUME BE RD "PEND HIEF MEDIUMED AS OF HEALTH RIAL, CREW | CERTIFICATION | 19e DATE OF | OPERATION | 196 CONDITI | ON FOR V | WHICH OPER | ATION WA | S PERFOR | MED? | | | | | 20 AUTOPSY | ? |
| AT/ | WORD WORD AF CHIE ENT OF | Ĕ | Value of | | | | | | | | | | | | YES X | NO 🗆 |
| O. | A THE WENT T | | 21a. EXTERNA UNDERLYING | L CAUSE WAS | 21b. TIME OF I HOUR A.M. | | DAY YEAR | 21c HO | W INJURY | OCCURRE | D LENTER N | NATURE OF INJUI | RY IN ITEM 18 | PART I OR PAI | RT 2) | |
| ON | ART OF THE OF TH | CAL | CONTRIBUTIN | G CAUSE OF D | EATH P.M. | | 19 | | | | | | | | | |
| N N | GERTIFING DED TO DEPAID | MEDICAL | 21d INJURY O | CCURRED | 21e PLACE OF | RY, FARM, ET | (AT HOME, | 211 LOC | ATION | | | CITY OR TOWN | 4 | COU | INTY | STATE |
| ۵ | WR WR WAR | | WHILE AT WORK | AT WORK | | | | | | | | | | | - 7 | |
| | EXAMINER: THIS CERTIFICATE SHOULD CERTIFICATE, WRITING THE WORD "PEI ULD BE FORWARDED TO THE CHIEF M DIRECTOR: PAGE 3 SHOULD BE USED. WITH THE STATE DEPARTMENT OF HEA WARYLAND, 21201 PRIOR TO BURIAL, C | 9 | 22a. I certif | y that I taok chorge | e of the remains descr | ibed abar | ve, held an | Autopsy | X , | Inspection | | Inquiry |], an | d in my ap | inian | |
| | L EXAMINER: E CERTIFICATE DULD BE FORY H, WITH THE S MARYLAND, | | death resulte | d from: Nature | al causes X, | Accident | , Sun | cide . | Homici | de . | Undete | ermined man | ner . | | | |
| | MAR. WAR | 199 | ACTUAL | 111 | 2 | 12 | | | TITLE (SP | | | | | DATE | | |
| | SHE SHE | / | SIGNATURE_ | 41- | | 1 | | M.E | Assi | stant | MEDI | CALEXAMI | VER | SIGNE | 3-6-8 | 7 |
| | TO MEDICAL E EXECUTE THE C PAGE 4 SHOUI TO FUNERAL D AFTER DEATH, V BALTMORE, M | | EXAMINER'S | NAME Willia | am M Zane | , M. | D. | A | DDRESS_1 | 11 Pe | enn S | st., Ba | alto. | , MD | 21201 | |
| | TO ME EXECU PAGE TO FU AFTER BALTIN | 23a. Bl | | ION, REMOVAL 2 | | | AME OF CEM | | | RY | 236 LO | CATION | | | .V. | |
| 07/84 | BP516 | | BURIAL | | 3-9-87 | HAR | MONY M | EMRO] | AL PA | \RK | | ANDOVE | R | COUN | MARYI | AND |
| 25M | DHMH - 17 | | INERAL DIRECT | | ADORESS | | | | 2 | | | REGISTRAR | | STRAR'S S | | 23.35 |
| | (VR A15 ME (5)) | JOH | INSON & | JENKINS | FUNERAL HO | DME 7 | 16 KEN | NEDY | ST. | CARE | 101 | 087 | 13 3 | Daniel as | 31. | |

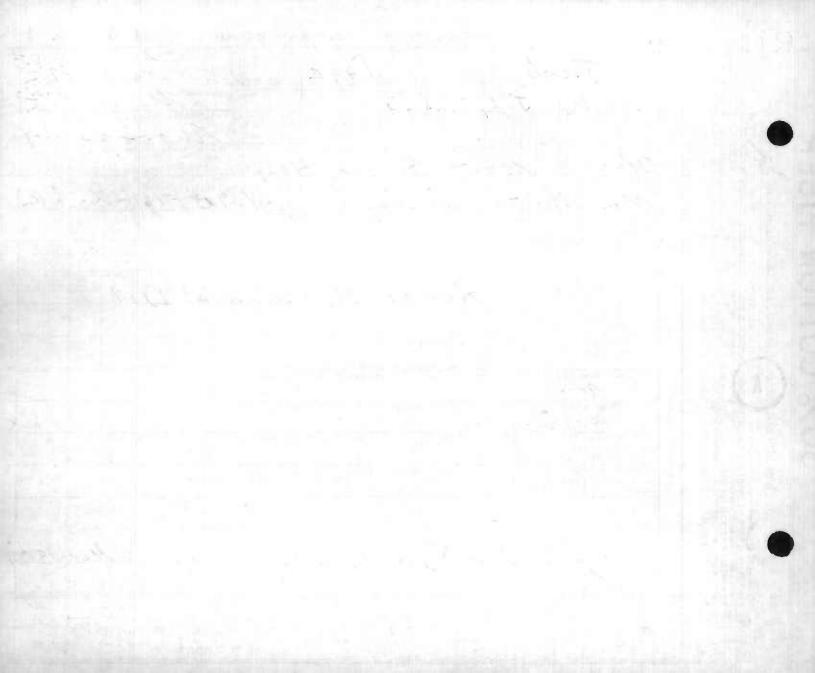


| 6363 MAR- | FOR STATE TREGISTRAR | DEPART | MENT OF HEALTH AND MENTAL HYD CERTIFICATE OF DEATH | GIENE 8 RÉG. NO. | 08819 |
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| of the property of the propert | I. DECEASED NAME FIRST | rgnce W | Russo | 20. DATE OF DEATH MONTH | DAY YEAR 26 HOUR 1 87 315 M |
| rtor, page 3 | 3. SEX Female | 1. RACE | 5. DATE OF BIRTH MONTH OAY AR OAY | 6. AGE (IN YEARS LAST BIRTHDAY) | MONTHS DATS HOURS MIN. |
| orth. Pog 72 hou | 70. BIRTHPLACE (STATE OR FOREIGN COUNTRY) 1 Washerafors, D. C | 76 CITIZEN OF WHAT COUNTRY? | 8 MARRIED NEVER MARRIED WIDOWED DIVORCED | Mantgons | NTY OF DEATH |
| by the followithing | Solver Soring | 11. NAME OF HOSPITAL, NURSII HE NOT IN SUCH FACILITY, GIVE STREET HOLL CHOSS HO | NG HOME OR OTHER INSTITUTION ADDRESS) PS.D. Of Silver Spri | 120. USUAL OCCUPATION | GLIFE) 126. KIND OF BUSINESS OR |
| 24 hours | 130 STATE 136 C | AE OR OTHER THE STITUTION, GIVE RESIDENCE BEFOR OUNTY 130. CITY OR TOW | VN 134. INSIDE CITY LIMITS? | 13e STREET ADDRESS / ZIP CO | |
| within Solerely fi | Maryland Mo | ntgomery Silver | Spring YES NO L | 114125 Ripplin AME MIDDLE | g Brack Dr. 20906 |
| Poges 1 on | Frank 160 WAS DECEASED EVER IN U.S (YES, NO OR UNKNOWN) (IF YE | ARMED FORCES? 166 SOCIAL SECT S. GIVE WAR OR DATES) | JRITY NO. 17. INFORMANT AGNES R. O'C | ADDRESS | Reagan same as #13 |
| equire the free death of no media. The problem injury, alcohold injury. | | DUE TO, OR AS A CONSEOU | cenuna of | MINAL DISEASE OR CONDITION | GIVEN IN PART 110 |
| on. hos been t perment permet p | 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING | 196. CONDITION FOR WHICH | OPERATION WAS PERFORMED | | YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH? YES NO NO |
| iCIAN The g physician certificate h rial-transit prial-transit fem 18 sha | OR CONTRIBUTION CAUSE O | F DEATH HOUR A.M. MONTH D | AY YEAR 19 | RRED (ENTER NATURE OF INJURY IN ITEM | (8 PART OR PART 2) |
| VG PHYS offendin ter this sthe bu h and Mc | WHILE NOTIFY MEDICAL EXAL | 21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, | FARM ETC) 211. LOCATION STREET | CITY OR TOWN | COUNTY STATE |
| ATTENDIN spital or CTOR: Af or use of of Healt | sow the deceosed olive | ospital) attended the deceased from | | deoth occurred on the date and | hour and from the couses stated |
| HOSPITAL OR , and be by the house by the house Jid be denothed in the State Dept ORTANT: If hen | RA PHYSICIAN SELECT | Mullin Horri | DEGREE ATTENDING PHYSICIAN 1214 ADDRESS | MEDICAL STAFF | 3/1/67 |
| TO HOSPITA retained by TO FUNERA should be de with the Stai | John J. Me | iendino, M.D. | 2001 (0.00) (0.00) | ph Rd., #216, Ro | ckville, Md. |
| ВР | 230 BURIAL, CREMATION, REMO (SPECIFY) Burial 24 FUNERAL DIRECTOR The | March 3, 1987 Ga | te of Heaven Cemet | ery Silver Spri | ng, Montgomery, Md. |
| DHMH - 16 60M 7/84 (VRA 15, 4) | NAME F/LL | ancis J. Collinga. Blud. West. Silve | 3/6. | | SISTRAR'S SIGNATURE |



SH) WAS THE WAS A PART OF THE VA The same of the sa

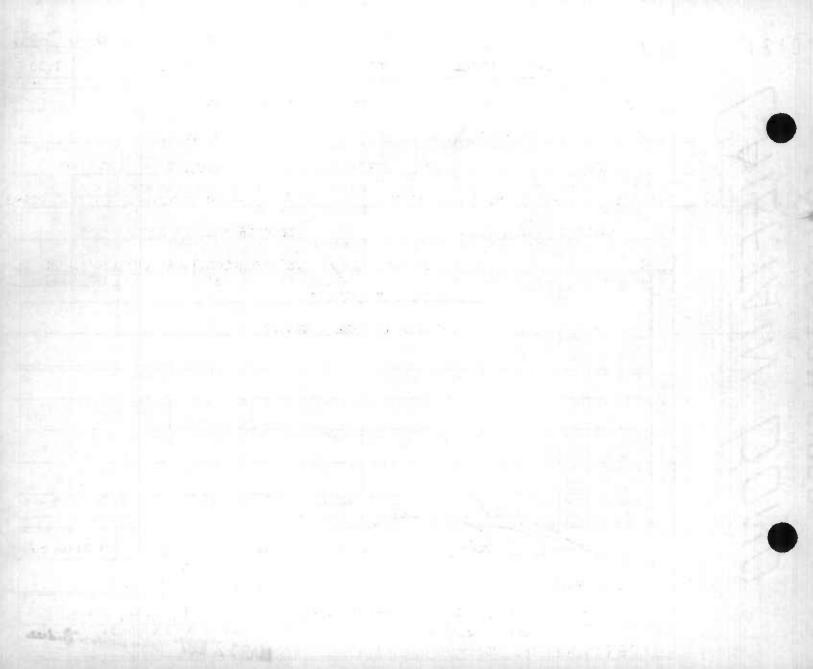
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE REGISTRAR J. DECHASED NAME 20 DATE KNOWN (TYPE OR PRINT) OF ESTI-DEATH MATER Sidney 3 SEX AGE (IN YE IF UNDER 24 HRS DATE LAST BIRTHDAY PRONOUNCED DEAD 5 OYRS MARRIED XXNEVER MARRIED FOREIGN COUNTRY! U.S.A. New York WIDOWED DIVORCED IB. CITY OR TOWN OF DEATH NAME OF HOSPITAL NURSING HOME OF OTHER Div. Sales Manager USUAL RESIDENCE 13a. STATE 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE Simon Thelma Cohen Sage 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT Rockville, Md. 20853 (YES, NO. OR UNKNOWN) LIE YES GIVE WAR OR DATES! Reva Rona Sage: Wife: 13915 Flint Rock Rd. NO 113-28-6737 18. CAUSE OF DEATH (Enter only one cause per line fag (a), (b), and (c), BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a) stating the under DUE TO, OR AS A CONSEQUENCE OF lying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to CERTIFICATION 190 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? DEPARTMENT OF 216. TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M. 21e PLACE OF INJURY (AT HOME 21f. LOCATION AT WORK AT WHILE STREET, FACTORY, FARM, ETC.) CITY OR TOWN COUNTY STATE 220 I certify that I took charge of the remains described above, held an Autopsy death resulted from Natural causes Undetermined manner Hamicide PAGE 4 SHOULD TO FUNERAL DIR AFTER DEATH, W BALTIMORE, MAI TITLE (SPECIFY) SIGNATURE S ROGERS M.D. TYPE OF BUINT JOHN SILVER SPRING, MARYLAND 230. BURIAL, CREMATION, REMOVAL THE DATE 23d LOCATION Burial 3/20/87 Judean Memorial Gardens Olney; Montgomery; Maryland 07/84 BP 25M 24 FUNERAL DIRECTODANZANSKY-GOLDBERG MEMORIAL CHAPELS 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE **DHMH - 17** 1170 Rockville Pike; Rockville, Md. 20852 (VR A15 ME (5))



| 0 0 120 00 | 1- | FOR STATE REGISTRAR | | | DEPA | | EALTH AND MENTAL HYO | B REG. NO | o. 0 | 8 8 | 2 2 |
|---|-------------------|---|----------------------------------|----------------------------------|--|-------------------------|---------------------------------------|--|--------------------|------------------------------|--|
| 9 8 mil 20 | | CEASED NAME | FIRST | | MIDDLE | į | AST | 20 DATE OF DEATH | MONTH DAY | YEAR 2 | b. HOUR |
| 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 | 11110 | | ria | (No | ne) Sa | nchis-J | Palop | March 9, 1 | 1987 | | 9:45am |
| fter o | 3. SE | | | 4. RACE | | S. DATE C | | 6. AGE (IN YEARS LAST BIR | | | HOURS MIN. |
| 0 5 | | emale | | White | | May | 7, 1894 | 92 yrs | YRS. | | |
| 1/2 | S | RIHPLACE (STATE OR I | | Spain | | MARRIE | | Montgome: | ry Coun | ty | MD. |
| 200 | | evy Chase | ATH | (IF NOT IN SUC | HOSPITAL, NUF CHEACILITY, GIVE ST Cadley F | REET ADDRESS) | OR OTHER INSTITUTION | 120 USUAL OCCUPATION OF WORK FOR MOST OF HOMEMAKER | | | BUSINESS OR HOME |
| 45 | Usu. 13g Ma | at residence in nurs state ryland | 131 COUNT | other institution | Chevy | | 13d INSIDE CITY LIMITS? YES X NO | 130 Bradle | ZIP CODE y Blvd | 1. 20 | 0815 |
| \$5 | D.FZ | ATHER'S NAME FIRST | | MIDDLE | LAST | | IS. MOTHER'S MAIDEN NA | WE | | EAST | |
| medical | | VAS DECEASED EVER YES, NO OR UNKNOWN) | IN U.S. AR | MED FORCES? (E WAR OR DATES) ONE | None | | 17. INFORMANT Salvador, Bru | ADDRI , son, 5130 B | | | 20815 •C,Md. |
| ove corbonpoper tion, or removal. oumatic event, th | | 18 CAUSE OF DEAT PART I. DEATH W | /AS CAUSE IMMEDIAT , which | D BY: IE CAUSE (a) | arter | usclers | the cardin | | isine | 3 | ATE INTERVAL USET AND DEATH ATTAIN A |
| r to buriol, cremo | NOI | gave rise to improve to import of the course (a), stating underlying cause PART 2 OTHER SIGN | ng the last. | (lc)_ | ONTRIBUTING | | NOT RELATED TO THE TERM | MINAL DISEASE OR CON | DITION GIVEN | V IN PART 1(a) | |
| 2 | CERTIFICATION | 190 DATE OF OPERA | TION | 19b. COND | ITION FOR WH | ICH OPERATIO | N WAS PERFORMED | 200 AUTOPSY? YES □ NO NO | | WERE FINDING ING CAUSES O | |
| intol Hyg | | 210. ACCIDENT WAS UNIT OR CONTRIBUTING (IF EITHER, NOTIFY MEDI | CAUSE OF DEA | HOUR A | OF INJURY .M. MONTH .M. | DAY YEAR | 21c. HOW INJURY OCCUR | RED (ENTER NATURE OF INJU | RY IN ITEM 18 PAR | T I OR PART 2) | |
| rked on | MEDICAL | 21d INJURY OCCUR | HILE | | OF INJURY REET, FACTORY, OFF | ICE, FARM, ETC.) | ZII LOCATION STREET | CHTY OR IC | IWN | COUNTY | STATE |
| for use of Health | | 220 I certify that (I) saw this leceas abave (I) (we) | | | | 0-1 | 19110 | death accurred an the d | ate and haur o | o d / , the | ouses stated |
| AL DIREC detached ate Dept. IT. If hem | | 226. SIGNATURE | arle | 16 6 | eigen | DIN | DEGREE ATTENDING PHYSICIAN | MEDICAL STA ☑ DIRECTOR ☐ PHYSIC | | 22c. Date S March | 9,1987 |
| should be det with the State | | Charles | | | (m) | U | 3752 Benton | st., NW.,W | ash., | DC | |
| <u> </u> | | BURIAL, CREMATION, | | Mar. 1 | 0, 187 | 30 NAME OF C Metropo | emetery or crematory litan Cremato | 23d LOCATION Ory Alexandr | ia, Vi | rginia | STATE |
| - 16 50M 4/83 /RA 15, 4) | 24 F | Vol Funera | lohn 1 Hom | e, Inc., | 2222 Wi | šc.Ave. | Nw., Wash | R 19 1837 | 25h REGISTRA | AR'S SIGNATU | RE |

Comment (Line) Mondaine Collins and Mondaine, 1969) All the all solds elsest Line of the Control Chevr Chas: "Low Ser 1s dive. Heromiter - Over Howe Man Land Work case was said well removed both the I in one Jos Besternatt., m., tosh., it TE . UN 657 . TO RELEASE Crembion Nor.10, J. Metor oller Crember / Lemmorin, Virginia

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR 20 DATE OF DEATH MONTH DECEASED NAME TYPE OR PRINTS MARCH 9 1987 1:50 PAMELA VICTORIA SCARBOROUGH 3 SEX 4 RACE 5. DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER 21 HRS DAY SEPTEMBER 28 1943 FEMALE CAUCASIAN In BIRTHPLACE (STATE OR FOREIGN Th CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED X NEVER MARRIED COUNTRY) TEXAS UNITED STATES WIDOWED DIVORCED [] MONTGOMERY 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12b. KIND OF BUSINESS OR 12a USUAL OCCUPATION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) ITYPE OF WORK FOR MOST OF WORKING LIFE! INDUSTRY At Home BETHESDA NAVAL HOSPITAL HOUSEWIFE USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 1136 COUNTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e.STREET ADDRESS / ZIP CODE 14840 CHERRYDALE DRÍVE VIRGINIA PRINCE WM. DALE CITY IS MOTHER'S MAIDEN NAME 14. FATHER'S NAME MIDDLE MIDDLE VICTORIA THERESA AURORA BAPTIST JOSEPH BIANCO 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO 17 INFORMANT JAMES E. SCARBOROUGH, 14840 CHERRYDALE DRIVE 082-34-2281 NO DALE CITY, VA 22193 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY: RESPIRATORY FAILURE IMMEDIATE CAUSE (o)_ DUE TO, OR AS A CONSEQUENCE OF METASTATIC BREAST CANCER Conditions, if any, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATI 19n DATE OF OPERATION 206. IF YES, WERE FINDINGS USED 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NOV ge 21g. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH DIVISION OF MEDICAL P.M LIFEITHER NOTIFY MEDICAL EXAMINER 21d INJURY OCCURRED 21e. PLACE OF INJURY 21f LOCATION CITY OR TOWN (AT HOME, STREET FACTORY, OFFICE, FARM, ETC.) NOT WHILE 220 Certify that (1) (this hospital) attended the deceased from FEBRUARY 6 19 87 to MARCH 9 sow the deceased alive on_ MARCH 9 and that in (my) (our) apinion death occurred on the date and hour and from the causes stated obove. (I) (we) (did) (did not new the) 22c DATE SIGNED 72h SIGNATURE DEGREE ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN 10 Man 87 MO 17d. PHYSICIAN'S NAME LITYPE OF PRINTS 22e ADDRESS NAVAL HOSPITAL d b with T. CARNEVALE, LT, MC, USNR BETHESDA, MD 20814-5011 23g. BURIAL CREMATION, REMOVAL 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION Mar. 12, 1987 Quantico National Burial Triangle, Virginia 250. DATE REC'D. BY REGISTRAR 250 REGISTRAR'S SIGNATURE OF A 1007 24 FUNERAL DIRECTOR Mountcastle Funeral Home DHMH - 16 60M 7/84 3318 Occoquan Rd. Woodbridge, VA 22191 (VRA 15, 4)



| | 1 | | | | STAT | OF MARYLAND | | | |
|--|---------------|---|--|---------------------|-----------------|-----------------------------|---|---|--------------------------------|
| 9437 APR - | 87 | FOR STATE REGISTRAR | | DEPA | | EALTH AND MENTAL H | YGIENE B REG. N | 0 8 | 8 2 4 |
| 0 1 0 1 | | CEASED NAME FIRST | Paul , | MIDDLE Fred | lerick , | ASI Schmid | 20. DATE OF DEATH | | AR 26 HOUR |
| by be | { TYPE | OR PRINT) PAL | 11 | FREDER | eice C | HMID | 3/26/ | 87 | 5.210 M |
| may by | 3. SE | × | 4 RACE | TAPP. | S. DATE C | F BIRTH | & AGE (IN YEAR LAST B | | |
| ge 4 | | Male | Whi | te | June | 11,0119080 | 78 | YRS MONTHS: 0 | DAYS HOURS MIN. |
| Poor I dir | | RTHPLACE (STATE OR FOREIGN | 76. CITIZEN OF | WHAT COUNTI | RY? 8 | M NEVER MARRIED | 9 BALTIMORE CITY | OR COUNTY OF DEAT | Н |
| eoth in 72 in 72 | - | Ohio | U.S | . A . | WIDOWE | | Montgo | mpru | MD |
| N 11 MA | 10 C | ITY OR TOWN OF DEATH | 11. NAME OF | | RSING HOME C | R OTHER INSTITUTION | 12a USUAL OCCUPAT | 10N 126 KI | ND OF BUSINESS OR |
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| ご和語か! | | | tgomery | Bethe | | YES NO | 9415 Rock | ville Pike, | /20814 |
| (1 中部) | 14. FA | THER'S NAME | MIDDLE | LAST | | 15 MOTHER'S MAIDEN | | | |
| 18/80 | 1 | Fred | C. | Schmi | d | Emily | F. | Fre | itag |
| \$ 87 B7 | | VAS DECEASED EVER IN U.S. | | 166 SOCIAL SI | ECURITY NO. | 17 INFORMANT | ADD | RESS | |
| Pogei medic | 1 | | W TT | 216-4 | +4-4236 | Suzanne At | hanas, Daugh | ter, Same | address as |
| The low requires that the death coton coordinate has been signed by the attending the permit. Then please remove cordinate prior to burial, cremation, or how any injury, or other froumatic | CERTIFICATION | gave rise to immediate cause (a), stating the underlying cause last PART 2. OTHERS IN 19a DATE OF OPERATION | DUE TO, OI (c) NT CONDITIONS CO | TION FOR WH | 10 DEAST BUT | N WAS PERFORMED | PRINTED TO SERVICE OF COMPANY OF SERVICE OF | 206 IF YES, WERE FI IN CERTIFYING CAL YES | INDINGS USED USES OF DEATH? NO |
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| | | 179. SIGNATURE | i not likely the blocky | after death. | - | DEGREE | | | DATESIGNED |
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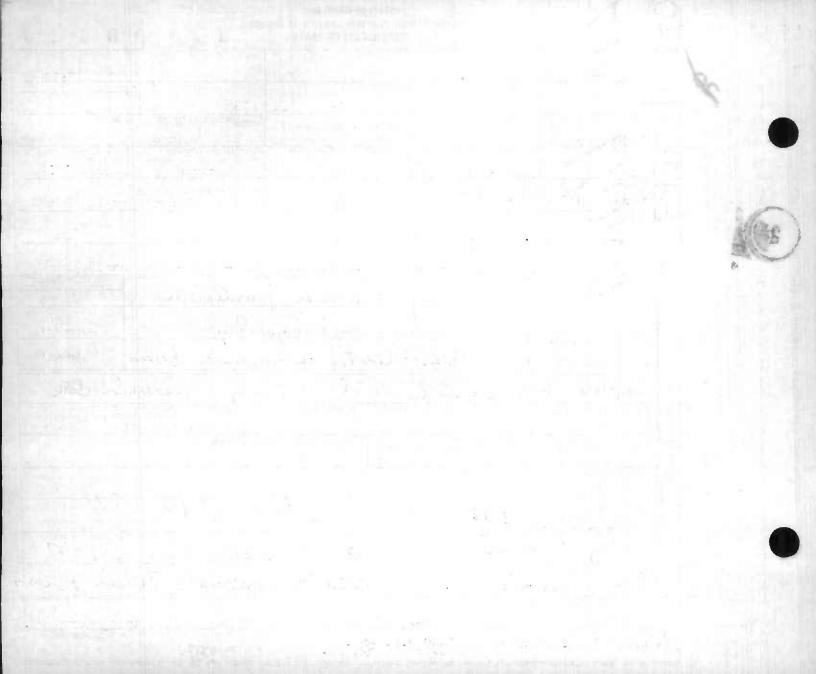
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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|-----|-------------------|-----------------------------|------------------------|--|---------------|------------------|-----------------|----------------|-----------------------|---------------------|----------------------|
| 1 | DECEASED NAM | AE FIRST | | MIDDLE | 1 | AST | | 20 DATE OF | DEATH MONTH | DAY YEAR | 26 HOUR |
| d | Trans Out relief) | Rennand | | Α. | Sala | wanta | | Ma | nch 18 | 1987 | 1:10pm |
| 3 | I. SEX | | 4 RACE | | S. DATE | OF BIRTH | | | ARS EAST BIRTHDAY) | MONTHS DAY | AR IF UNDER 21 HRS |
| | Male | | White | | 8 | 19 | 1913 | 73 | YR | | S HOURS MIN. |
| 10 | a. BIRTHPLACE | STATE OF FOREIGN | 76 CITIZEN OF | WHAT COUNTRY? | 8 AAA DDIE | D NEVER M | | 9. BALTIMOR | E CITY OR COUN | | |
| / | | ngton. D | d u | SA | WIDOWE | | ORCED | | Montgon | nery | MD |
| 0 | O. CITY OR TOWN | | 11. NAME OF | HOSPITAL, NURSIN | | OR OTHER INSTI | TUTION | 12e USUALO | | 12b. KIND | OF BUSINESS OR |
| 7 | Olney | | | nery Gener | | asnital | | | tired . | Fire | Dept. |
| 8 | USUAL RESIDENC | | R OTHER INSTITUTION | GIVE RESIDENCE BEFORE | ADMISSION) | 13d INSIDE CI | TV I IAA IT S 2 | 12. STREET AL | DDRESS / ZIP CO | nne . | |
| | Maryland | Mont | gomery | of they town | | A . | NO 🗌 | | Wilberta | | 20832 |
| 2 | 4 FATHER'S NAM | IE. | WIDDLE | LAST | | 15. MOTHER'S | MAIDEN NA | ME | MIDDLE | | |
| | Andre | W | J. | Schwartz | DO | | ry | | Ann | Jo | ordon |
| 1 | 60 WAS DECEAS | ED EVER IN U.S. A | RMED FORCES? | 166 SOCIAL SECU | RITY NO. | 17 INFORMAN | 11 | | ADDRESS | | |
| | Yes | WW | 11 | 577-01-2 | 033 | Edwina | Schwa | rtz - v | vife-(sar | ne as 13 | 3e) |
| | 18 CAUSE | OF DEATH (Enter o | nly one couse per | line for to 1, (b), and | licil | | 1 | 1 . 46 | 1 - | APPR BETWEE | OXIMATE INTERVAL |
| | PARTI | DEATH WAS CAUS | ED BY: TE CAUSE (p) | primany | ve | Mricu | las t | brill | alin | | days |
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| | gove rise | to immediate stating the | DUETO | R AS A EDINSEQUE | Λ | , - | 1 | 1 | a A . | | |
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| 5 | OSMS | OPERATION | 196 COND | MON FOR WHICH | OPERATIO | N WAS PERFOR | RMED | 200 AUTOR | | YES, WERE FINI | |
| X | H L | | | | | | | YES | NOIN | YES | NO 🗆 |
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| | HE ETTHER N | DTIFY MEDICAL EXAMINE | | м. | 19 | | | | | | |
| | <u>m</u> | OCCURRED | | OF INJURY REET, FACTORY, OFFICE, FA | ARM ETC) | 211 LOCATIO | N | | CITY OR TOWN | COUNTY | STATE |
| ч | AT WORK | NOT WHILE AT WORK | | | | 10 | 47 | | 1.01 | 0- | |
| | 220.1 certify | that (1) (this hasp | ital) attended th | e deceased from_ | 7-1 | 5/0 | , 19.0/ | , to | 3/18 | . 19 8/ | _, that (1) (we) los |
| | saw th | deceased alive of | | 19_ | \$7 | nd that in (my)- | opinion (مسم | death occurred | on the date and I | hour and from t | he couses stated |
| | 276. SIGNA | | 1 | | | DEGREE | | | | 22t. DA | TE SIGNED |
| | 0, | ogen 1 | sinon, | U | 1 | W AT | HYSICIAN . | MEDICAL | STAFF PHYSICIAN | 3 | 19/17 |
| 7 | 22d PHYSIC | IAN'S NAME (TYPE | OR PRINT) | | | 27e ADDRESS | 21/1 | 1 | D. 7 | 1) | 11 -10 |
| | Koge | r F. Lee | inard | | | 10401 | 0196 | esize to w | mpo, c | sethesda | Mb 2081 |
| 7 | 3a. BURIAL, CREA | AATION, REMOVA | 23b. DATE | 23c. N | AME OF C | EMETERY OR C | REMATORY | 23d LOCAT | ION | | |
| | (SPECIFY) But | cial | 3-21-1 | 1987 Gat | e of | Heaven | | Si Ive | r Spring | Montgo | merv Md. |
| 84 | | | | | | | 25a. DAT | | GISTRAR 256 REG | | |
| - H | THEST | ialul full | erar non | ne 11800 N | Spri | ng, Md. | 5.41 | 0101 | 1097 | | Taraction of |

DHMH - 16 60M 7/84 (VRA 15, 4)

retained by the hospital

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME OF ESTI-3/ 27/ 1087 Douglas Charles Seelev 4 RACE 6 AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS 2d HOUR DATE RONOUNCED 12:40 Sept. 12, 1907 Male 79 YRS White DEAD ам 76. CITIZEN OF WHAT COUNTRY? To BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED Y NEVER MARRIED United States Canada WIDOWED DIVORCED Montgomery County, 10 CITY OR TOWN OF DEATH NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION FOR MOST OF WORKING LIFE)
Civil Engineer U. S. Gov't. Bethesda Suburban Hospital USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) | 13d INSIDE CITY LIMITS? | 13e STREET ADDRESS | 4213 Glenridge Street / 20895 1136 COUNTY 130. STATE Maryland Montgomery Kensington 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME Ethel Charles Wallace Seelev Willhelmina Davis 17. INFORMANT 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO. (YES. NO, OR UNKNOWN) 213-38-4588 Ann M. Seeley, Same as 13 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) APPROXIMATE INTERVA BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Intracerebral Hemorrhage IMMEDIATE CAUSE (0) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. PART 2 DINER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES K NO [21a EXTERNAL CAUSE WAS 216 TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME 211 LOCATION STREET, FACTORY, FARM, ETC.) CITY OF TOWN COUNTY WHILE NOT WHILE PAGE 4 SHOULD BE FORM TO FUNERAL DIRECTOR P AFIER DEATH, WITH THEST BATTMORE, MARYLAND 2 22a I certify that I took charge of the remains described above, held on Autopsy Notural couses X death resulted from: Homicide Undetermined monner TITLE (SPECIFY) Assistant MEDICAL EXAMINER 3/27/87 EXAMINER'S NAME William M. Zane, M.D. 111 Penn St. ADDRESS (TYPE OR PRINT) 23¢ NAME OF CEMETERY OR CREMATORY 230 BURIAL, CREMATION, REMOVAL 236 DATE Cremation 3-28-87 Metropolitan Crematory Alexandria, Virginia 07/B4 250 PARE REC'ENBY DOYTRAR LASE PECHANIST PER 25AA 24 FUNERAL DIRECTOR Richard Rapp. Inc. **DHMH - 17** 1804 T Street, NW, Washington, DC 20009 (VR A15 ME (5))

STATE OF MARYLAND

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STATE OF MARYLAND

| 8 | REG. | NO. | Ö | 8 | 8 | 2 | |
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| ATE OF | DEATH | MONTH | DAY | YE | AR | 2b. HOUR | Т |

| 049607 APR | | FOR STATE REGISTRAR | | | DEPAS | | EALTH AND MENTAL HYC | RÉG. NO. | 08827 |
|--|-------------------|--|------------------------------------|---|------------------------------|---------------------------|--|-------------------------------------|--|
| oge 3 | TYPI | | | Av | MIDDLE | SE | Seidler | 20 DATE OF DEATH MONTH | DAY YEAR 26. HOUR 725 PM |
| orto. p | 3. SE | MALE | | White | | 5 DATE O | F BIRTH DAY VEAR JAY O I | 6. AGE (IN YEARS LAST BIRTHDAY) 85 | IF UNDER 1 YEAR IF UNDER 24 HRS |
| death. Page | 100 | RTHPLACE ISLATEORF COUNTRY! USTRIA | OREIGN | U.S.A. | WHAT COUNTR | Y? 8 MARRIEI WIDOWE | NEVER MARRIED | 9. BALTIMORE CITY OR COULD | NTY OF DEATH |
| by the fun filed within | 10 C | TY OR TOWN OF DEA (ensington | | 11. NAME OF HOSPITAL, NURSING HOME OF (IF NOT INSUCH FACILITY GIVE STREET ADDRESS) KENSING TON DARDENS NO | | | | 120 USUAL OCCUPATION | IZE KIND OF BUSINESS OR INDUSTRY GOV to |
| AND 21: | 13a | AL RESIDENCE (IF NURS) STATE TD | 13b COUN Mont | TY | 13c CITY OR TO Chevy | Chase | 13d INSIDE CITY LIMITS? | 13e STREET ADDRESS / ZIP CO | g st. 20815 |
| MARYLL ed within | 14. F | ATHER'S NAME FIRST | Unkno | AIDDLE | LAST | | 15, MOTHER'S MAIDEN NA | Unknown MIDDLE | LAST |
| IMORE, oe execut nn and co Pages 1 | | WAS DECEASED EVER YES, NO OR UNKNOWN) | | WAR OR DATES) | 16b. SOCIAL SE 219-42 | | 17 INFORMANT Margaret Ma | ADDRESS M | |
| Unites to the death of the signed of the please of bound cremental of the please of bound cremental crements of the plant, an other traumatic even jury, and other jury, and o | z | Conditions, if any, gove rise to imm cause (0), statin underlying cause | which nediote g the last. | DUE TO, O (b) DUE TO, O | R AS A CONSECURAS A CONSECUR | QUENCE OF | NOT RELATED TO THE TERM | MINAL DISEASE OR CONDITION | GIVEN IN PART I (a) |
| V OF VITAL RECORD SICIAN: The law rea 99 physician. certificate has been rial-transit permit. TI ental Hygiene prior to them. 18 shows any in | CAL CERTIFICATION | 190 DATE OF OPERAT | ERLYING AUSE OF DEA | 21b. TIME C HOUR A. | | | | | FYES, WERE FINDINGS USED ERTIFYING CAUSES OF DEATH? YES NO |
| PITAL OR ATTENDING PHYS by the haspital or ottendin LERAL DIRECTOR. After this of selected for use as the bur State Dept of Health and Me ANT: if Item 21 is marked or it | MEDICAL | 21d INJURY OCCURR WHILE NOT WH AT WORK NOT WH AT WORK 170.1 certify that (I) Some the decease Down, (I) (we) 18 272 STONATURE | (this hospited alive pro- | 3/11/2 | Personed from | 3/9 | PEGHEE | eath occurred on the date and | . that (I) (we) lost haur and from the causes stated |
| TO HOSPITA retained by TO FUNER should be d with the Sta | 23a. I | BURIAL, CREMATION, | REMOVAL | | 37 | NAME OF CO | 4701 Randol METERY OR CREMATORY IFORT Cremator | ph Rd. Rockvill | |

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> RECTOR Joseph Gawler's Sons, Inc. 5130 WI Ave. NW Wash. ADDR DC 20016 24 FUNERAL DIRECTOR

250 DATE REC'D. BY REGISTRAR 250 REGISTRAR'S SIGNATURE
APR - 6 1987 Julia Deviden Randows

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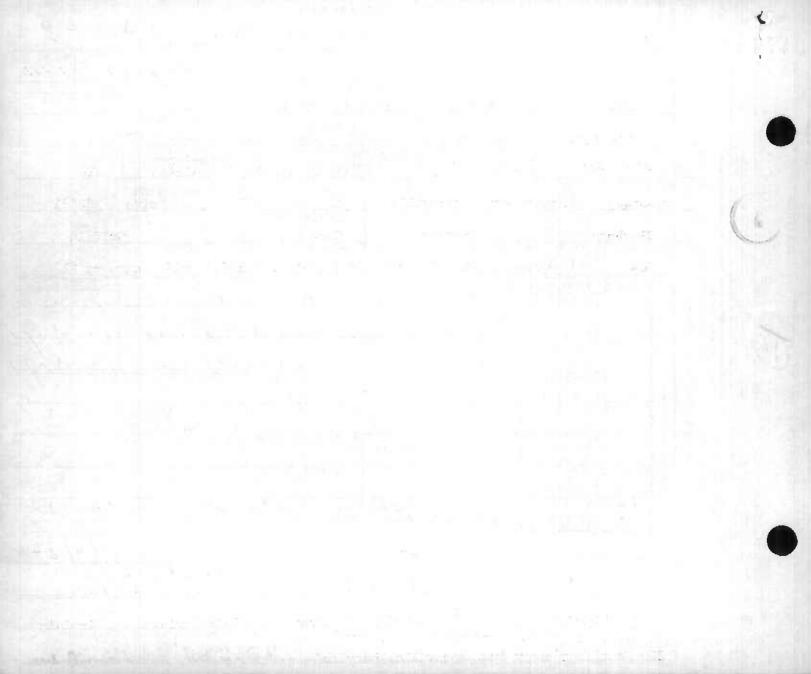
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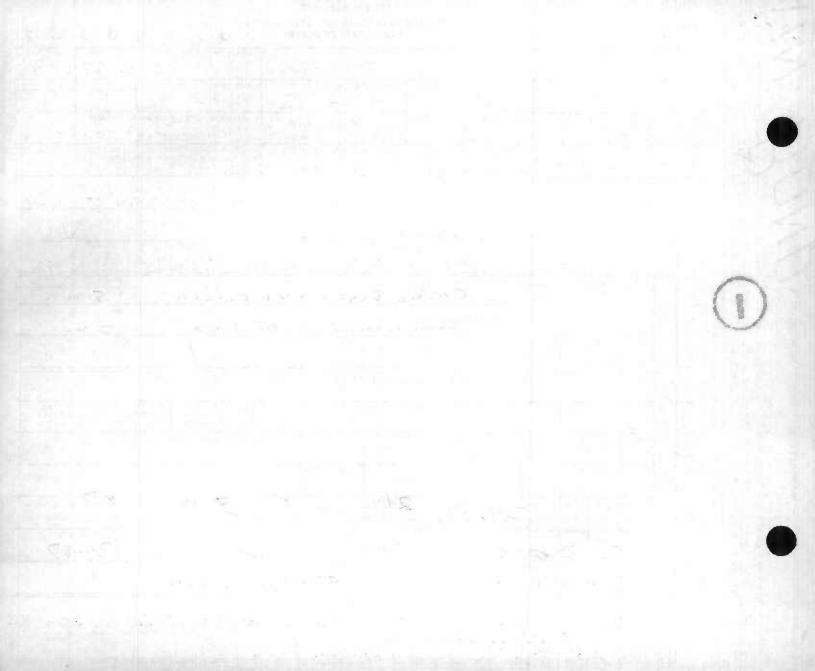
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO I. DECEASED NAME 20 DATE OF DEATH 2b. HOUR (TYPE OR PRINT) Shaffer Thomas 3 SEX 4. RACE 5 DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS Caucasian October 9, 1931 55 Male TO BIRTHPLACE (STATE OR FOREIGN TE CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Montgomery County DIVORCED [Virginia United States WIDOWED 120. USUAL OCCUPATION
(TYPE DIO 120 LOSTS (WORKING LIFE) INDUSTRY 10 CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 176 KIND OF BUSINESS OR Rockville Technician NTH USUAL RESIDENCE TIF NURSING HOME OR OTHER INSTITUTION. (IV) RESIDENCE BEFORE ADMISSION) 136 COUNTY 13e STREET ADDRESS / ZIP CODE 13d INSIDE CITY LIMITS? 1103 Agnew Drive Montgomery Rockville YES X NO [20851 Maryland 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE FIRST MIDDLE Clayburn Shaffer Cora Griffin 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT ADDRESS (IF YES GIVE WAR OR DATES) 226-40-2938 Margaret L. Shaffer wife Yes Korean same as #13 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c), 1
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART LID CERTIFICATION 200 AUTOPSY? 190 DATE OF OPERATION 196. CONDITION FORWINCH OPERATION WAS PERFORMED 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOX YES [NOF 21b. TIME OF INJURY 210. ACCIDENT WAS UNDERLYING 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING T CAUSE OF DEATH P.M EIF EITHER NOTIFY MEDICAL EXAMINERS 214 INJURY OCCURRED 211 LOCATION 21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE NOT WHILE 220 1 certify that (1) (this haspital) attended the deceased from saw the deceased olive on 3/8 obove (1) (we) (did) (did not view the body ofter death and that in (my) lour) opinion death occurred on the date and hour and from the causes stated 226 SIGNATURE DEGREE 22c DATE SIGNED ATTENDING MEDICAL DIRECTOR PHYSICIAN PHYSICIAN MPORTANT 22d. PHYSICIAN'S NAME 22e ADDRESS should be 0 230 BURIAL, CREMATION, REMOVAL 23¢ NAME OF CEMETERY OR CREMATORY 236 LOCATION 23b. DATE (SPECIFY) COUNTY Removal. Buria! Roselawn Cemetery Glade Springs 24 FUNERAL DIRECTO Robert A. Pumphrey Funeral Home/ 250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE DHMH - 16 60M 7/84 (VRA 15, 4) 300 West Montgomery Ave. Rockville, Maryland

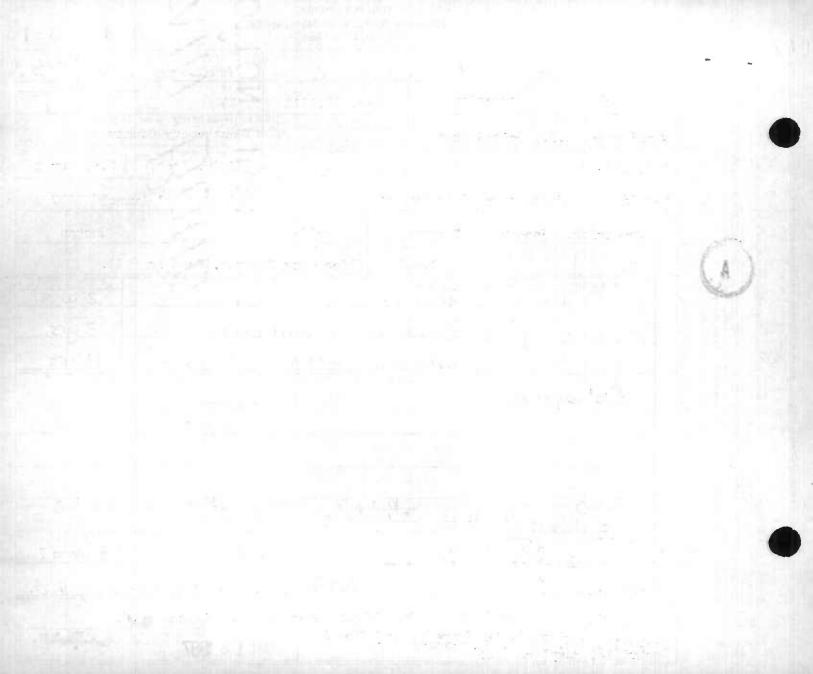


| 159 HAR 26 | QV- | FOR STATE REGISTRAR | | DEPART | | EALTH AND MENTAL HYG ICATE OF DEATH | IENE 8 REG. NO. | 0 8 | 3 8 | 2 | 9 |
|---|---------------|---|------------------------------|---|------------|--|---|--------------------------------------|---------------------|--------------------------------|------|
| | | CEASED NAME FIRST | | MIDDLE | (| AST | 20. DATE OF DEATH MON | NTH DAY | YEAR | 2b. HOUR | _ |
| noy be poge 3 r death | (TYP) | OR PRINT) | LDA | | 5 | HAWVER | 03 | 3.14 | 87 | 0359 | 3 A |
| m b | 3. SE | | 4. RACE | | S. DATE C | | 6 AGE (IN YEARS LAST BIRTHDA | | DERIYEAR | IF UNDER 24 H | |
| ge 4 | | FEMALE | | CA \ | MONTH | DAY YEAR | 62 | YRS | DAYS | HOURS N | MIN. |
| Po Point | 7a B | RTHPLACE (STATE OR FOREIGN | 76. CITIZEN | OF WHAT COUNTRY? | 8. | M | 9 BALTIMORE CITY OR CO | OUNTY OF E | EATH | | |
| Paga 22 | N | issouri | | USA | WIDOWE | NEVER MARRIED DIVORCED | MONTGOM | ery | Cour | MY | MD. |
| 1000 | | TY OR TOWN OF DEATH | | OF HOSPITAL, NURSIN SUCH FACILITY, GIVE STREET | ADDRESS) | OR OTHER INSTITUTION | 120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WO | DRKING LIFE) 1N | b. KIND OF | F BUSINESS | OR |
| In on the property of | | throma Park | | HINGTON | HOVE | NT. ItOSP | Mont. Ward Em | sloyee | | | |
| hou hou | 13a. S | AL RESIDENCE (IF NURSING HOME) TATE 136. CO | LE OR OTHER INSTITU DUNTY | 13c. CITY OR TOW | ADMISSION) | 13d. INSIDE CITY LIMITS? | 13e STREET ADDRESS / ZII | P CODE | | | |
| 2 E 2 | Ma | ryland Mc | NTG. | SIL. SPI | RING | YES NO | | SWELL | CT | MDDO | 091 |
| 12 sty /2 sty | 14. F/ | THER'S NAME | 110012 | | | 15. MOTHER'S MAIDEN NA | ME | | | | |
| mpletely and 2 sh | | Joseph | PMIDDLE | Kirschr | 104 | Lucetta | WIDDIE | | LAST | | |
| - 0 | 160 \ | VAS DECEASED EVER IN U.S. | ARMED FORCE | | | 17. INFORMANT | ADDRESS | | <u>D</u> | right | |
| Poges medico | | (IF YES, NO OR UNKNOWN) | GIVE WAR OR DATE | 6) | | | | | | | |
| e m e m | | no | | 79 1-14 | - 4251 | Burton Shawv | er husband | 1 30 | | 5 #13 | |
| | | 18 CAUSE OF DEATH (Enter PART I. DEATH WAS CA | r only one couse | per line for (a), (b), an | d (c+.) | | | | BETWEEN | MATE INTERVAL ONSET AND DEA | ATH |
| Man de la contraction de la co | | | USED BY: DIATE CAUSE (o | Care | 0 P | 45 Pina + 121 | Falura | | 5 1 | 4.7 | |
| equires that the signed by the Then please rem to burial, creman njury, or other to | NO | gave rise to immediate cause (a), stating the underlying cause lost. PART 2 OTHER SIGNIFICAL | DUE TO | O, OR AS A CONSEQUE | | NOT RELATED TO THE TERM | INAL DISEASE OR CONDITE | ON GIVEN IN | N PART 110 |), | _ |
| on. bos been permit, and prior prio | CERTIFICATION | 190 DATE OF OPERATION | 19b CC | NDITION FOR WHICH | OPERATIO | N WAS PERFORMED | 200 AUTOPSY? 20 IN | Ib. IF YES, WEI CERTIFYING YES | RE FINDIN CAUSES | IGS USED OF DEATH? | , |
| is certificate has buriel-transit per Mental Hygiene | E | 210. ACCIDENT WAS UNDERLYING | 21b. TIM | AE OF INJURY | | 21c HOW INJURY OCCUR | RED (ENTER NATURE OF INJURY IN | | OPPART 21 | 110 🛮 | _ |
| CIAN. Tigg physicial physi | | OR CONTRIBUTING CAUSE OF | | A.M. MONTH DA | AY YEAR | | (Elefen ten out of the out the | TEM TO FART TO | 76.776.21 | | |
| SICIA certification of the certification of the cer | MEDICAL | (IF EITHER NOTIFY MEDICAL EXAM | | P.M. | 19 | 24/ 100/15/01/ | | | | | |
| this this do | AED | 21d INJURY OCCURRED | | CE OF INJURY | ARM, ETC) | 211 LOCATION STREET | CITY OR TOWN | C | OUNTY | STATE | E |
| of the party of th | - | AT WORK NOT WHILE | | | - , | | | | - | | |
| or or see of the political and | | 220.1 certify that (I) (this he | ospital) attende | d the deceased from | 1-14 | 1987 | to 2/14 | 19 | 5 2 | hat (1) (we) | lost |
| TEN TOR TOR | | saw the deceased alive | | 12/8/ 19 | , or | d that in (my) (our) apinion i | death occurred on the date of | and hour and | / | | |
| AT AT OSP | 344 | obove, (1) (we) (did) (did) 22b SIGNATURE | not) view-the b | ody ofter death. | | DEGREE | | | 22c DATES | | |
| OR Dep The He | | 20 SIGNATURE | | | | | MEDICAL STAFF | | DAIES | IGNED | |
| | | 5/2 | E20 | 6 | m. | PHYSICIAN [| DIRECTOR PHYSICIAN | | 3/14 | 187 | |
| TO HOSPITAL TO FUNERAL should be det with the Store | | 226. PHYSICIAN'S NAME (I) | PE OR PRINT) | 11166 | | 220 ADDRESS | orgin Don | 7/41 | 44 | | 74 |
| With the state of | 270 1 | | | 5 | LAME OF S | EMETERY OR CREMATORY | | | | | |
| | 230 | URIAL, CREMATION, REMOV | | | | | 23d. LOCATION CITY OR TOWN | cou | INTY | STATE | E |
| BP | | Burial | | | | Heaven Cemet | ery Silver Sp | ring N | ontac | mery | Ma |
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STATE OF MARYLAND



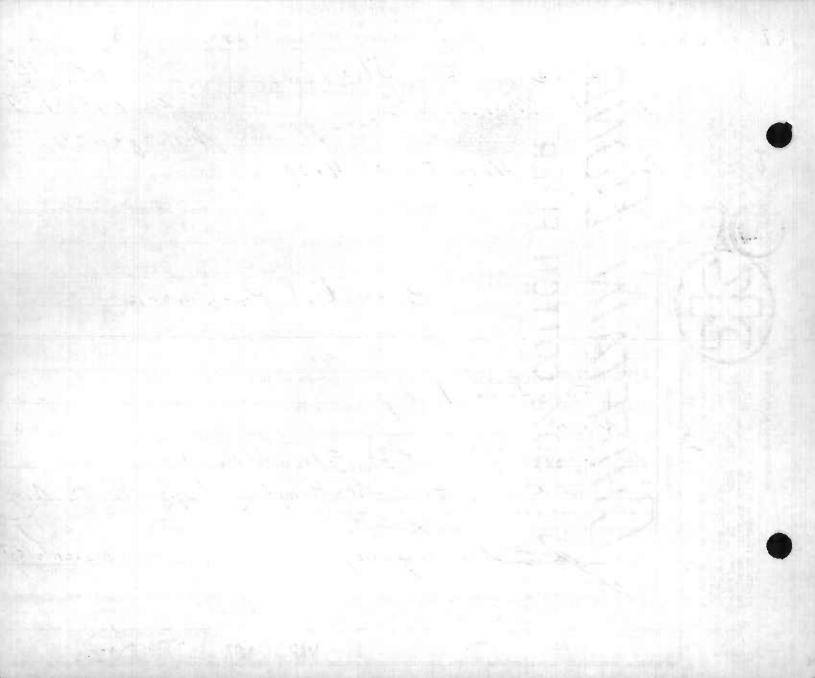
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 - STATE REGISTRAR DECEASED NAME KNOWN (TYPE OR PRINT) ESTI-DEATH MATED & AGE (IN YEARS DATE PRONOUNCED Nov. 14,1883 MARRIED NEVER MARRIED FOREIGN COUNTRY) New York United States FILED, 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION OR INDUSTRY Housewife Home USUAL RESIDENCE UF 130. STATE 136 CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET ADDRESS Maryland Montgomery Silver Spring NO YES _ 1417 Crestridge Drive 4 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE DeWitt Clinton Phelps Ritter Elizabeth 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT ADDRESS N/A 076 10 7550 Winifred Sheridan same as #13 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) APPROXIMATE INTERVAL PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a). DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT BELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 IO 196 CONDITION FOR WHICH OF ERATION WAS PERFORMED? 20 AUTOPSY? YES 🔲 MER: THIS ICATE, WRITING E FORWARDED TO THE CATOR: PAGE 3 SHOULD BY CYTOR: PAGE 3 SHOULD BY CYTOR: STATE DEPARTMENT OF STATE D 210. EXPERNAL CAUSE WAS 216. TIME OF INJURY 21c HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY UNDERLYING OR CONTRIBUTING DE CAUSE OF DEATH 21d. INJURY OCCURRED 21e PLACE OF INJURY (AT HOME TO MEDIL.

EXECUTE THE GRITTING TO FUNKARIA DIRECTOR: PAGE 3 SHOULD BE FORWARIA.

TO FUNKRAL DIRECTOR: PAGE 3 AFRE DEATH, WITH THE STATE DE AFRE DEATH, WARTHAND, 77201 F. WHILE AT WORK 220 I certify that I took charge of the remains described above, held an death resulted fram: Natural causes Accident Hamicide Undetermined manner TITLE (SPECIFY) DATE/12/ch/6/987 ACTUAL SIGNATURE. John R. Rogers, M.D. EXAMINER'S MAME Silver Spring, Md. ADDRESS 230 BURIAL, CREMATION, REMOVAL 236 DATE 23¢ NAME OF CEMETERY OR CREMATORY 23d LOCATION Mar. 19,1987 Maple Grove Cemetery Waterloo, New York 07/B4 14 FUNERAL DIRECTOR IVES Pearson Funeral Homes 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE **DHMH - 17** Arlington, Vas. 22201 (VR A15 ME (5))



DHMH - 16 60M 7/84 (VRA 15, 4)

24 FUNERAL DIRECTOR W. CHAMBERS CO. INC.

23b. DATE

3-16-1987

230 BURIAL, CREMATION, REMOVAL

CREMATION

| SPECIFY|

SILVER SPRING . Md.

231 NAME OF CEMETERY OR CREMATORY

CHAMBERS CREMATORY

STATE OF MARYLAND

RIVERDALE BY REGISTRAR 256 REGISTRAR'S SIGNATURE

CITY OR TOWN

COUNTY

P.G.C.

COUNTY

22c. DATE SIGNED

26 HOUR

12b. KIND OF BUSINESS OR

DRY CLEANING

TTEM APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

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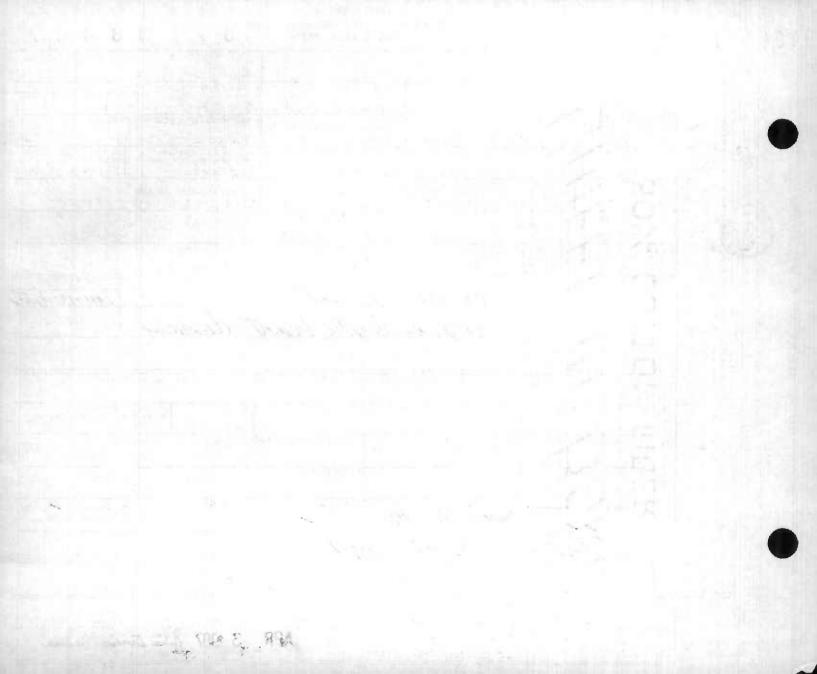
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| | 1- | FOR STATE REGISTRAR | | DEPART | | EALTH AND MENT. | | 8 PREG. N | 0 8 | 8 3 | 6- |
| n 62 | | CEASED NAME FIRST | | MIDDLE | - 1 | AS1 | 20 | DATE OF DEATH | MONTH DAY | YEAR 2b | HOUR |
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| or, p | 3/ SE | Agent with the state of | 4 RACE | | 5. DATE C | | EAR 6. | AGE (IN YEARS LAST BIR | | | UNDER 24 HRS |
| age oge | | ale | Whit | | May | 23, 193 | | 55 | YRS. | | |
| depth of or | | RTHPLACE (STATE OR FOREIGN POINTRY PRINTA | Ameri | can | MARRIE | NEVER MARRI | ED 1 | Mont gome | | | MD. |
| by the fulled with | | ckville | 11. NAME OF INF NOT IN SUI | HOSPITAL, NURSING CH FACILITY, GIVE STREET | ADDRESS) | entist Ho | (1 | USUAL OCCUPATION OF COMMENT OF WORK FOR MOST COMMENT OF WORK FOR MOST COMMENT OF THE PROPERTY | | 126 KIND OF BUINDUSTRY | JSINESS OR |
| DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 ING PHYSICIAN: The law requires that the death certificate be executed. The hours of office this certificate has been signed by the attending physician and certificate has been signed by the attending ph | 13a S | | E OR OTHER INSTITUTION DUNTY ontg. | 136. CITY OR TOW Pooles | /N | 134 INSIDE CITY LIA | | STREET ADDRESS | ZIP CODE hlhos | 2083 s Road | |
| MARYL MARYL | 14 FA | THER'S NAME FIRST Suttie | MIDDLE | ifflett | | 15 MOTHER'S MAIL | DENNAME | Anna | | Morri | s |
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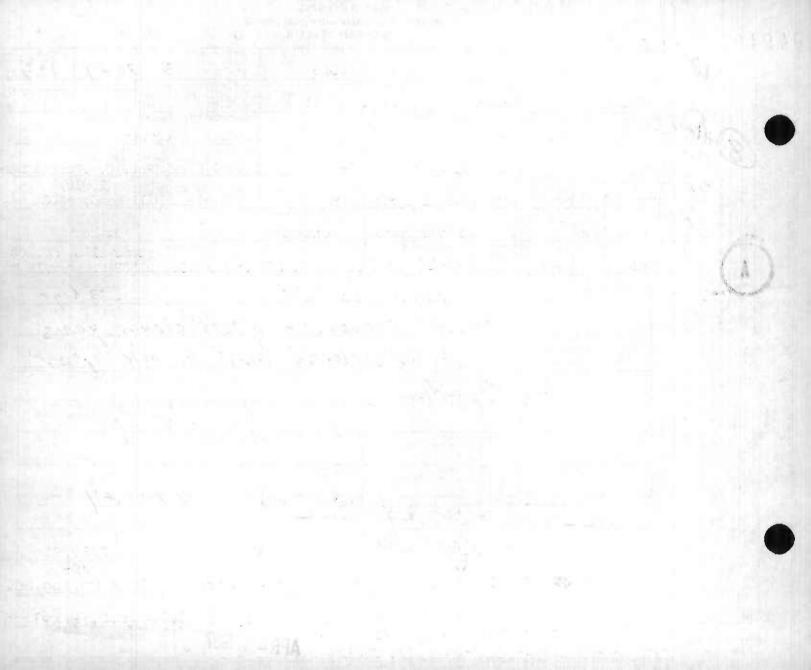
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO 1. DECEASED NAME TO DATE KNOWN DO MONTH TYPE OR PRINT ESTI-YOUR FILES. N 72 HOURS TON STREET, DEATH MATED ESARY, P. OUR FI. 4 RACE 6 AGE (IN YEARS IF UNDER 24 HRS DATE LAST BIRTHDAY PRONOUNCED HOURS DEAD I. BIRTHPLACE OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY! WIDOWED E 10. CITY OR TOWN OF DEATH 120. USUAL OCCUPATION (TYPE OF FORK 126. KIND OF BUSINESS OR INDUSTRY 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION FOR MOST OF WORKING LIFE) CIM IN ER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 13a STATE 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS NO 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE FIRST FIRST MIDDLE 160 WAS DECEASED EVER IN U.S. ARMED FORCES? INFORMANT ADDRESS 16b. SOCIAL SECURITY NO I IF YES, GIVE WAR OR DATES) 216-16-034 18811 Darneskun 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY DIVISION OF VITAL RECORDS, 201 W. PRESTON ST IMMEDIATE CAUSE (a). DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (g) USED AS A B OF HEALTH CERTIFICATION 19s DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? ANER: THIS CER...
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TORK YES 3 21a EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR UNDERLYING CONTRIBUTING CAUSE OF DEATH P.M 19 21e PLACE OF INJURY LATHOME. 21f LOCATION EXECUT THE CERTIFICATE, WRITH PAGE 4 SHOULD BE FORWARDED TO FUNEAL DIRECTOR: PAGE 3 AFTER DATH, WITH THE STATE DEF BALTIMORE, MARYLAND, 21201 PR STREET, FACTORY, FARM, ETC) STREET CITY OR TOWN STATE WHILE AT WORK COUNTY 22a I certify that I took charge of the remains described above, held an Autapsy Inspection death resulted fram: Natural causes Hamicide Undetermined manner TITLE (SPECIFY) ACTUAL SIGNATURE EXAMINES NAME (TYPE OF PRINT) **ADDRESS** 230 BURIAL, CREMATION, REMOVAL 236. DATE 23d LOCATION 23c. NAME OF CEMETERY OR CREMATORY Y OR TOWN inde 07/B4 BP 25M 24 FUNERAL DIRECTOR DHMH 17 (VR A15 ME (5)) Bandwire Me

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR DECEASED NAME MIDDLE LAST 20. DATE OF DEATH MONTH YEAR 26 HOUR (TYPE OR PRINT) Louis Shogam March 28, 1987 7:20 4 RACE 6 AGE (IN YEARS LAST BIRTHDAY) 3 SEX S DATE OF BIRTH IF UNDER I YEAR IF UNDER 24 HRS MONTH Male White December 9, 1905 81 TO BIRTHPLACE ISTATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY? **BALTIMORE CITY OR COUNTY OF DEATH** MARRIED NEVER MARRIED COUNTRY Lithuania United States WIDOWED DIVORCED | Montgomery County IN CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 126 KIND OF BUSINESS OR 12a USUAL OCCUPATION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) TTYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY Silver Spring Sylvan Manor Nursing Home Architect Self-employed MARYLAND 2120 USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13e STATE 136 COUNTY 13c. CITY OR TOWN 13e STREET ADDRESS / ZIP CODE 13d INSIDE CITY LIMITS? Rockville Maryland Montgomery YES X NO [1714 Evelyn Drive 20852 4 FATHER'S NAME IS MOTHER'S MAIDEN NAME LAST MIDDLE FIRST MIDDLE LAST Isadore Shogam Rachel Sherman 60 WAS DECEASED EVER IN U.S. ARMED FORCES? ADDRESS BALTIMORE 166 SOCIAL SECURITY NO 17 INFORMANT (YES, NO OR UNKNOWN) THE YES GIVE WAR OR DATEST Yes 169-18-9749 WW II David Barry, Same as 13 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (D) DUE TO, OR AS A CONSEQUENCE O Conditions, if any, which gove rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 DIVISION OF VITAL RECORDS. a 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOX YES M NO F CERT 218. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM IB PART 1 OR PART 2) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) 19 21d. INJURY OCCURRED 21e. PLACE OF INJURY 21f. LOCATION CITY OR TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE February 16 87 March 28, 228.1 certify that (1) (this bespectal) attended the pleceased from maide 26 19 91 saw the deceased alive an. and that in (my) (am) apinian death occurred an the date and hour and from the causes stated obove, (1) (w) (ald) (did nat) view the bady after death 22h SIGNATUR 22¢ DATE SIGNED EGREE ATTENDING MEDICAL March 28, 1987 FUNERAL PHYSICIAN Y DIRECTOR PHYSICIAN 22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS MPORTA 2309 Shorefield Road D # Walter E. Goozh, M. D. Silver Spring, MD 20902 0 23d. LOCATION 23a BURIAL, CREMATION, REMOVAL 23b. DATE 23c NAME OF CEMETERY OR CREMATORY STATE BP 3-30-87 Burial Dalton Jewish Cemetery Dalton. Pennsylvania 24 FUNERAL DIRECTOR Ziman Funeral Home 3 1987 TRARESS REGISTRAR'S SIGNATURE DHMH - 16 60M 7/84 612 Gibson Street, Scranton, PA 18517 (VRA 15, 4)

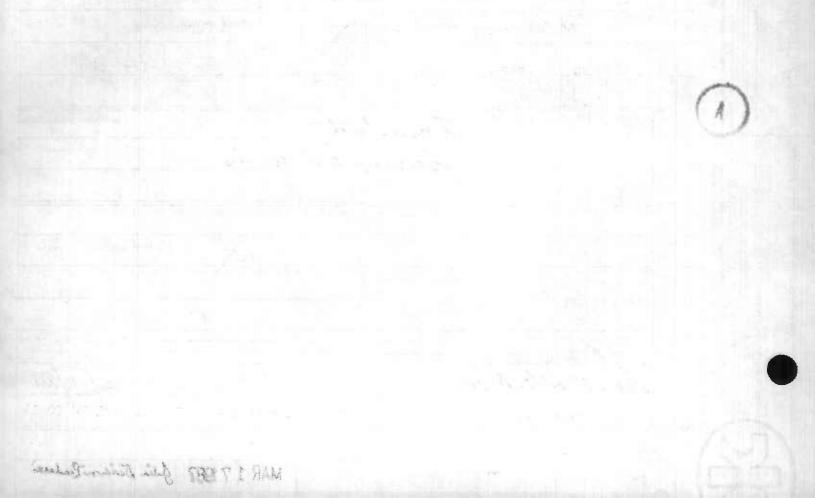


DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 2a DATE OF DEATH DECEASED NAME MONTH (TYPE OR PRINT) HERBERT SILVERSTONE Η. 4. RACE S. DATE OF BIRTH & AGE (IN YEARS LAST BIRTHDAY) 3, 1901 White 85 Male Dec. TO BIRTHPLACE (STATE OF FOREIGN 76. CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED selfast, Ireland U.S.A. WIDOWED XX DIVORCED Montgomery County, II CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 126. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIEE) INDUSTRY 1401 Blair Mill Road, #608 Postal Clerk (Ret.) U.S. Postal Dep Silver Spring (20910)13e STREET ADDRESS / ZIP CODE 1401 Blair Mill Road, #608 Silver Spring YES X Maryland Montgomery 4 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE Gedalia Baker Rebecca Silverstone ADDRESS Laytonsville, Md. 2087 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT 578-14-4702 Steven C. Silverstone: Son: 22509 Fitzgerald Dr **LWW** Yes 18 CAUSE OF DEATH (Enter only one cause per line for (a) (b), and (c) PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) Canditions, if any, which gave rise to immediate couse (a), stating the underlying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN CONFITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOX 216. TIME OF INJURY 21a. ACCIDENT WAS UNDERLYING 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING TO CAUSE OF DEATH (IE EITHER NOTIEY MEDICAL EXAMINER) P.M 21d INJURY OCCURRED 21e. PLACE OF INJURY 21f LOCATION CITY OR TOWN COUNTY AT HOME, STREET, EACTORY, OFFICE, FARM, ETC) NO! WHILE 220.1 certify that (1) (thus has putal) attended the deceased from and that in (my) tour) opinion death occurred on the date and hour and from the causes stated 22h. SIGNATURE 22c DATE SIGNED PESTREE ATTENDING A MEDICAL 3/30/87 PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS 72d PHYSICIAN'S NAME (TYPE OR PRINT) 20910 JASON GEIGER, M.D. 8830 Cameron Street; Silver Spring, Md. 23¢ NAME OF CEMETERY OR CREMATORY 230 BURIAL, CREMATION, REMOVAL 236 DATE 3/31/87 Mt. Lebanon Cemetery; Adelphi; P.G.; Maryland Burial 1170 Rockville Pike: Rockville, Md. 20852 DHMH - 16 60M 7/84 (VRA 15, 4) 1170 Rockville Pike: Rockville, Md. 20852

STATE OF MARYLAND



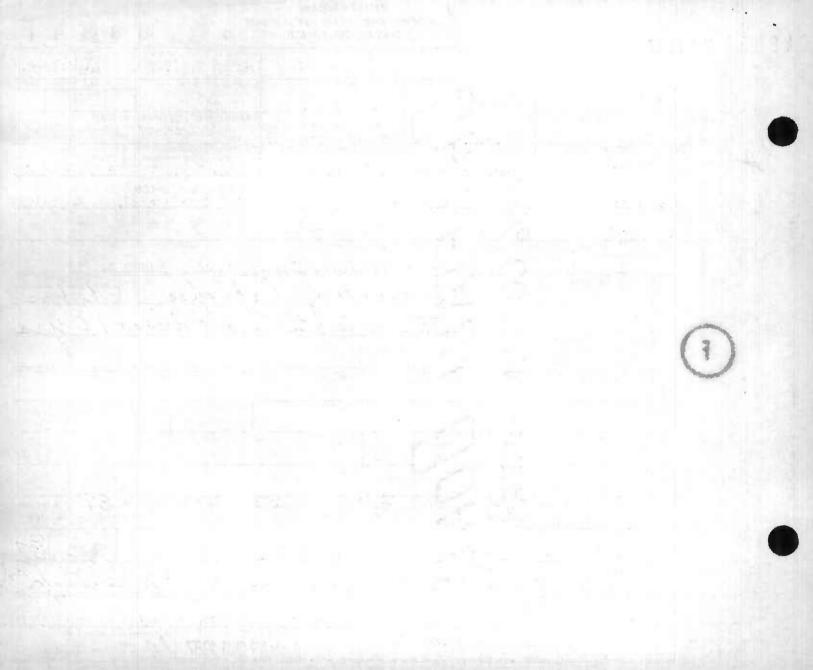
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| ow the deceded alive of above of twe I taid ided in 27h. Size LATURE | on) view the body after death. | DEGREE ATTE PHY 220. ADDRESS | ENDING MEDICAL STA VSICIAN DIRECTOR PHYSIC | FF CIAN C | 2/21/87 |
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| | UNDERLYING COUSE TOST. PART 2 OTHER SIGNIFICANT 190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DILITORY MEDICAL EXAMINE 21d. INJURY OCCURRED WHILE NOTE HAT WORK AT WORK 220.1 CERTIFY that LA (this haspen of the property) 221d. PHYSICIAN'S NAME (TYPE NAON STONEY 122d. PHYSICIAN'S NAME (TYPE) | DUE TO, OR AS A CONSUMER OF COURSE OF PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTION 190. DATE OF OPERATION 190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTION OR CONTRI | COUSE (D), stating the underlying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO 190. DATE OF OPERATION 190. DATE OF OPERATION 190. CONDITION FOR WHICH OPERATION WAS PERFORM 210. ACCIDENT WAS UNDERLYING DOR CONTRIBUTING TO DEATH BUT NOT RELATED TO 190. DATE OF OPERATION WAS PERFORM 210. ACCIDENT WAS UNDERLYING DOR CONTRIBUTING TO ALSO OF DEATH HOUR A.M. MONTH DAY YEAR P.M. 19 210. INJURY OCCURRED 210. PLACE OF INJURY (AT MOME, STREET, FACTORY, OFFICE, FARM, ETC.) 211. LOCATION STREET (AT MOME, STREET, FACTORY, OFFICE, FARM, ETC.) 2120. I certify that LH (this hospital) attended the deceased from 19 , and that in (my) (at a part of the deceased slive on a page of the property of the body after death 19 . The property of the body after death 19 . The property of the body after death 19 . The property of the body after death 19 . The property of the body after death 19 . The property of the body after death 19 . The property of the body after death 19 . The property of the body after death 19 . The property of the body after death 19 . The property of the body after death 19 . The property of the body after death 19 . The property of the body after death 19 . The property of the property of the body after death 19 . The property of the proper | DUE TO, OR AS A CONSEQUENCE OF Underlying cause lost. DUE TO, OR AS A CONSEQUENCE OF PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CON 190. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY? YES NO | DUE TO, OR AS A CONSEQUENCE OF Underlying cause lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN 196. DATE OF OPERATION 196. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 216. ACCIDENT WAS UNDERLYING OF CAUSE OF DEATH OR ALM MONTH DAY YEAR P.M. 19 216. TIME OF INJURY HOUR ALM MONTH DAY YEAR P.M. 19 216. INJURY OCCURRED 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY INTERNIB PART LOR NOT WHILE ALM MONTH DAY YEAR P.M. 19 216. INJURY OCCURRED 217. SIGNIFICATION STREET OF TO THE TERMINAL DISEASE OR CONDITION GIVEN IN THE MISS PART LOR OR THE MONTH OF THE MO |



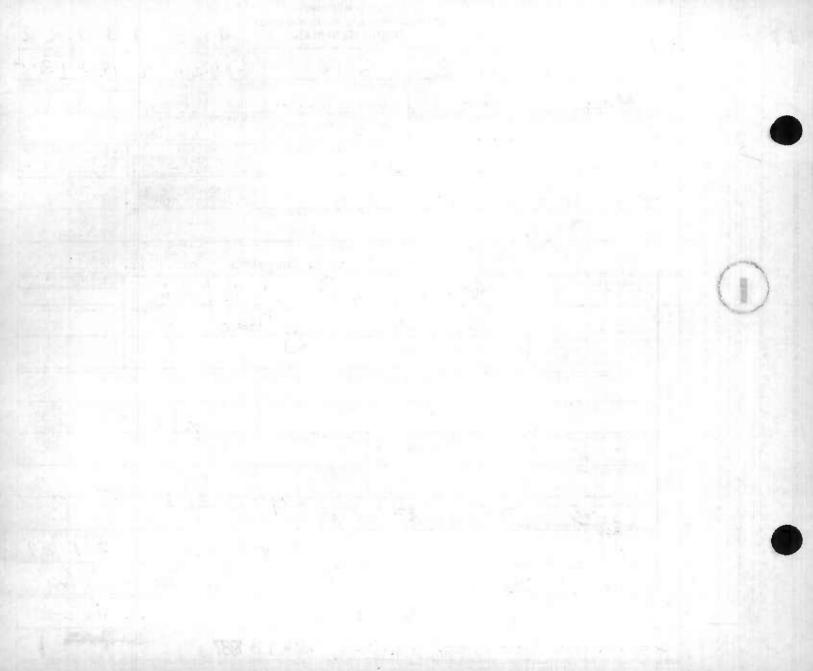
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME DATE KNOWNXX MONTH TYPE OR PRINT ESTI-Jennifer Sims DEATH MATED 3-28 1987 Ann 3. SEX 4 RACE IF UNDER 1 YR. IF UNDER 24 HRS 5. DATE OF BIRTH AGE (IN YEARS 2c DATE 2d. HOUR LAST BIRTHDAY) PRONOUNCED 2:40 White Female 1987 3 - 28May 21, 1970 1 DEAD 16 YRS D.M In BIRTHPLACE (STATE OR 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Maryland U.S.A. WIDOWED Montgomery County, DIVORCED 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 12a USUAL OCCUPATION (TYPE OF WORK 12b KIND OF BUSINESS Student Bethesda Suburban Hospital High School ISUAL RESIDENCE LIF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONI 134 INSIDE (ITY LIMITS? 136 STREET ADDRESS 13c. CITY OR TOWN Montgomery Maryland Rockville 5819 Halsey Road 20851 YES X NO T 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE LAST MIDOLE John Sims Linda Darlene Plumer Garv 17. INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO Derwood, Md. 20855 215-76-7991 Linda D. Sickles(mother) 5808 Rolling Dr. 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Blunt Trauma to Head MMEDIATE CAUSE (a). DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT BELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10 CERTIFICATION 190 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? TO BUIRI YES XX NO 210 EXTERNAL CAUSE WAS 216. TIME OF INJURY 216 HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 21 HOUR MONTH DAY YEAR UNDERLYING XXOR CONTRIBUTING CAUSE OF DEATH 5. 15 P.M. 3-27 subject fell from moving vehicle 214 INJURY OCCURRED 21e PLACE OF INJURY TATHOME 21L LOCATION STREET, FACTORY, FARM, ETC.) AT WORK AT WORK XX Needwood Lake Circle, Rockville, Montgomery park Co., Md. Autopsy XX 220 I certify that Look charge of the remains described above held an Inspection Notwork courses. Undetermined monner PAGE 4 SHOULD B TO FUNERAL DIRE AFTER DEATH, WIT BALTIMORE, MARY 3-30-87 sistant EXAMINER'S NAME Dennis F. Smyth, M.D. 111 Penn St., Balto., Md. 21201 230 BURIAL, CREMATION, REMOVAL 236 DATE 23¢ NAME OF CEMETERY OR CREMATORY STATE 4/1/87 Cremation Mt. Comfort Crematory Alexandria, Virginia 07/B4 BP 25M 24 FUNERAL DIRECTOR Tyson Wheeler Funeral Home, Inc. 25h/REGISTRAR'S SIGNATURE **DHMH - 17** Julia Dandon Pandala 1331 Rockville Pike, Rockville, Md. 20852 (VR A15 ME (5))

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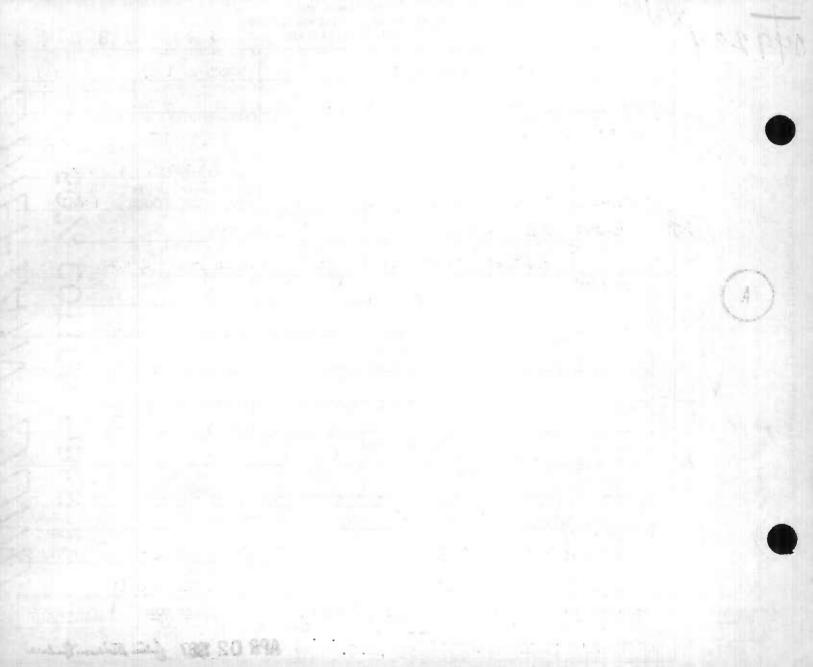
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 20. DATE OF DEATH MONTH 2b. HOUR TYPE OR PRINT Carmillo Sino March 2, 1987 4:25 3. SEX 4 RACE 5. DATE OF BIRTH 6. AGE FIN YEARS LAST BIRTHDAYS IF UNDER I YEAR MONTH DAY YEAR malo Caucasian 30 1890 To BIRTHPLACE I STATE OR FOREIGN Th CITIZEN OF WHAT COUNTRY? **BALTIMORE CITY OR COUNTY OF DEATH** MARRIED NEVER MARRIED Montgomery Ttalu WIDOWED DIVORCED X 18 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 120. USUAL OCCUPATION 12b KIND OF BUSINESS OR HE NOT IN SUCH FACILITY, GIVE STREET ADDRESS! ITYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY Rockville Collingswood Nursing Home
USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) Sales Rep 136 COUNTY 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 13e.STREET ADDRESS / ZIP CODE Maruland Mantaameru Kensington 9613 Carniage Rd 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE Ralph Sino Elizabeth unbhaum 160 WAS DECEASED EVER IN U.S. ARMED FORCES? ADDRESS 16b. SOCIAL SECURITY NO 17 INFORMANT LYES NO OR UNKNOWN) 357-03-1069 Jennie Cherry no nieco same as #13 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for 10), (b), and (c).) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE IO Conditions, if any, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse last. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 10 CERTIFICATION 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOV YES NO [210. ACCIDENT WAS UNDERLYING 21h. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY OR CONTRIBUTING T CAUSE OF DEATH YEAR (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 19 21d. INJURY OCCURRED 21e. PLACE OF INJURY 211. LOCATION AT HOME, STREET, FACTORY, OFFICE, FARM ETC.) CITY OR TOWN COUNTY STATE NOT WHILE AT WORK 220.1 certify that (1) (this haspital) attended the deceased from sow the deceased alive an abave, (1) (we) (did) (did not) view the body after death and that in (my) (our) opinion death accurred on the date and have and from the causes stated 226 SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING, MEDICAL STAFF DIRECTOR PHYSICIAN - 0 PHYSICIAN 22d PHYSICIAN'S NAME (TYPE OR PRINT) 22e. ADDRESS th the 0 230. BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION March 5 1987 Gate of Heaven Cemetery Silver Spring Montgomery Md Runial Francis J. Collinses Jr. DHMH - 16 60M 7/B4 aulia Davidson Penders (VRA 15, 4) University Blvd. West. Silver Spring.



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH O REGISTRAR REG. NO 1. DECEASED NAME 20. DATE OF DEATH MONTH (TYPE OR PRINT) 14501 ARCH deot 3 SEX 4 RACE 6 AGE LIN YEARS LAST BIRTHDAY) 5. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS MONTH December 25.1904 Caucasian I STATE OF FOREIGN Th CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Pennsylvania U.S.A. Montgomery WIDOWED X DIVORCED [10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12ª USUAL OCCUPATION 126 KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Silver Spring Machinist - Ret. Holy Cross Hospital Private Indust NUL COUNTY 13e.STREET ADDRESS / ZIP CODE 20783 Prince George Adelphi 2307 Tecumseh St. Maryland YES KT 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME FIRST MIDDLE FIRST MIDDLE Hoffman Sipe Norman D. Bessie 17 INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO ADDRESS 404 Cedar Ridge Dr. Oxon Hill, Maryland TIF YES GIVE WAR OR DATES! 579-44-7235 Lois V. Musselman APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per liber on the could be PART I. DEATH WAS CAUSED BY: Dellocarecon IMMEDIATE CAUSE (0) DUE TO, OR WE'VE CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (a), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (0 CERTIFICATION 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NON NO IT 0 210 ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH LIF EITHER NOTIFY MEDICAL EXAMINERS 21d INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION CITY OR TOWN COUNTR (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 52A10 NOT WHILE 22a I certify than (1) this hospital) attended the deceased from ___ and that in my (our) opinion death occurred on this date and hour and from the causes stated about I wendid (did not view the body after death DEGREE 27) DATE SIGNED ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN MICIAN'S NAME MYPE OR PRINT d b 230. BURIAL CREMATION, REMOVAL 23c NAME OF CEMETERY OR CREMATIORY U 236 DATE Burial 3/19/87 SuitTand P.G. Maryland Cedar Hill Cemetery 24 FUNERAL DIRECTOR 250, DATE REC'D. BY REGISTRAR 256, REGISTRAR'S SIGN George P. Kalas Funeral Home 0100 Non Hill No DHMH - 16 60M 7/84 Rd M (VRA 15, 4)



| + | 4 / | 4/3 | FOR STATE | STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CEPTIFICATE OF DEATH | | | | | | | |
|---------------------|--|---------------|---|--|--|--|--|---|--|--|--|
| 149 | 134 | | REGISTRAR | | CERTIFICATE OF DEATH | O REG. NO | | 8 8 4 3 | | | |
| 11. | m £ | | ECEASED NAME FIRST PE OR PRINT) | WIDDLE | LAST | 20 DATE OF DEATH | | YEAR 26. HOUR | | | |
| oy 6 | dea | 3. S | | ERT FRANKLIN SLI | DER S. DATE OF BIRTH | MARCH 26 | 2:45 M | | | | |
| £ £ | of ter | 3. 5 | | | MONTH DAY YEAR | | DAYS HOURS MIN. | | | | |
| oge | lired | 1 | MALE BIRTHPLACE STATE OR FOREIGN | CAUCASIAN 76 CITIZEN OF WHAT COUNTRY? | JUNE 3 1961 | 9 BALTIMORE CITY OR COUNTY OF DEATH | | | | | |
| eoth F | neral on 72 h | 60 | COUNTRY) PENNSYLVANIA | UNITED STATES | MARRIED NEVER MARRIED WIDOWED DIVORCED | MONTGOM | MD | | | | |
| o) s ofter d | oy the fu | 10 | BETHESDA | NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET NAVAL HO | G HOME OR OTHER INSTITUTION | 120 USUAL OCCUPATION (1YPE OF WORK FOR MOST OF U.S.NA) | b KIND OF BUSINESS OR IDUSTRY DEFENSE | | | | |
| AND 212 | y filled in thould be f | 13a P | ENNSYLVANIA CHE | ROTHER INSTITUTION, GIVE RESIDENCE BEFORE NTY 134. CITY OR TOW ESTER WEST CH | N 138. INSIDE CITY LIMITS? | 130 STREET ADDRESS / 907 GREEN | ZIP CODE | 19061 | | | |
| BALTIMORE, MARYLAND | and 2 s | 6 | ROBERT FRAN | | LAST | | | | | | |
| ORE, | dico | 160 | WAS DECEASED EVER IN U.S. AR | SS | | | | | | | |
| WII. | | /_ | | 0-1987 159-48- | | ,AUTEC ANDRO | OS RANGE | | | | |
| | ATT | | 18. CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE | nly one couse per line for 101, (b1, one DBY: | FL 34058 | | | APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH | | | |
| 12 | n 2 | | IMMEDIA | TE CAUSE (o). ME | TASTATIC ADENOCARC | INOMA | | | | | |
| I W. PRESTON ST., | l by the ottersore response to the contraction. | | Conditions, if ony, which gave rise to immediate cause (a), stating the underlying cause last | DUE TO, OR AS A CONSEQUE (b) DUE TO, OR AS A CONSEQUE | | | | | | | |
| DS, 20 | signed then ple to burie | Z | PART 2 OTHER SIGNIFICANT | CONDITIONS CONTRIBUTING TO D | DEATH BUT NOT RELATED TO THE TERM | INAL DISEASE OR CON | DITION GIVEN IN | I PART 110 | | | |
| AL RECORDS, 201 W | has been it permit. I lene prior | CERTIFICATION | 190. DATE OF OPERATION | 196. CONDITION FOR WHICH | OPERATION WAS PERFORMED | 20a AUTOPSY? YES X NO . | | RE FINDINGS USED CAUSES OF DEATH? | | | |
| DIVISION OF VITAL | entificate | 4 | 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA | HOUR A.M. MONTH DA | 216 HOW INJURY OCCURE | RED (ENTER NATURE OF INJUR | Y IN ITEM 18 PART 1 O | PART 2) | | | |
| IVISION JG PHYS | offending the formula of the burned or I | MEDICAL | 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK | 21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, F. | ARM, ETC.) 211 LOCATION STREET | CITY OR TO | NN CC | OUNTY STATE | | | |
| TENDIR | TOR. Affor use of Health | | | MARCH 26 19 19 19 19 19 19 19 19 19 19 19 19 19 | MARCH 2 19 87 87 , and that in (my) (our) apinion (| , to MARCH death accurred on the do | | 87, that (I) (we) last from the causes stated | | | |
| AL OR A | AL DIREC Jetoched ote Dept. IT: If Item | | 22k SIGNATURE DOWN | ai MD | DEGREE ATTENDING PHYSICIAN | MEDICAL STAF | | 30 MARCHET | | | |
| SPIT | DINER I be of the Stran | | 22d. PHYSICIAN'S NAME | MINT) | | L HOSPITAL | | | | | |
| 9 | Should I | | T. A. DOWGIN | N, LT, MC, USNR | ВЕТН | ESDA, MD 208 | 814-5011 | | | | |
| 0001 | | 23a | BURIAL, CREMATION, REMOVAL | | AME OF CEMETERY OR CREMATORY | 23d LOCATION | con | INIV STATE | | | |
| 1974 | P 7 7 | | "CREMATION | 3/30/87 L | EES CREMATORY | | 'ON | MARYLAND | | | |
| DHA | AH - 16 60M 7/84 | 24 R | FUNERAL DIRECTOR | MEDAT HOME 4217 | 9TH ST.N.W 250 DAY | E REC'D. BY REGISTRAR | 15h. REGISTRAR'S | SIGNATURE | | | |
| | (VRA 15 4) | 1/ | ANOHALL'S FUL | NEKAL DUME WA | SH D.C. | A 11/2 BALL | Children Bla | order Pindage | | | |

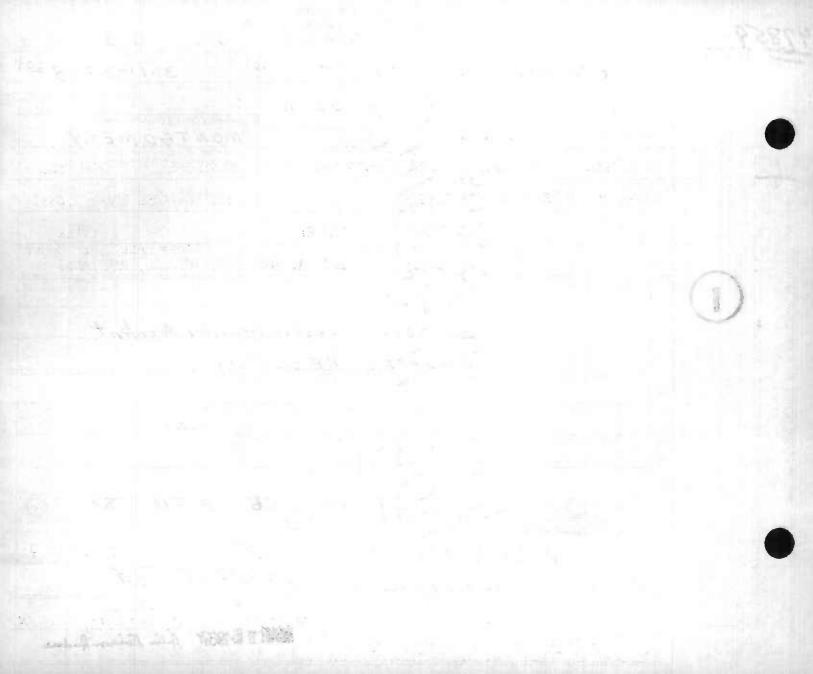


STATE OF MARYLAND

| 1 | | | | | STAT | E OF MARYLAND | | | | | | |
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| 71 | 10. | FOR SPATE 7 | | DEPAR | | IEALTH AND MENTAL HY | GIENE | deth | d'a | | | |
| | 100 | REGISTRAR | | | CERTII | ICATE OF DEATH | O REG. N | o. U | 8 | 3 4 4 | | |
| | | EASED NAME FIRST | | WIDDLE | | AST | 20 DATE OF DEATH | MONTH D | DAY YEAR | 26 HOUR | | |
| | | Ann | nie | Blake | Sr | nith | Marc | ch 4, | 1987 | 12:07P _M | | |
| | 3 SEX | | 4 RACE | | 5 DATE (| DAY YEAR | 6 AGE IN YEARS LAST BE | | IF UNDER 1 YEAR | HOURS MIN. | | |
| | - | Pemale | | White | | ry 23, 1893 | 94 | YRS | | | | |
| 91 | C | THPLACE (STATE OR FOREIGN | | 76 CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED | | | | 9 BALTIMORE CITY OR COUNTY OF DEATH | | | | |
| | | rth Carolina | U.S. | | WIDOW | t-ed to the | | - | | MD. | | |
| 4 | | Y OR TOWN OF DEATH | (IF NOT IN S | UCH FACILITY, GIVE STREE | T ADDRESS) | OR OTHER INSTITUTION | 120 USUAL OCCUPAT | OF WORKING LIFE | | OF BUSINESS OR | | |
| 4 | | lver Spring | | Manor Nu | | Home | Homemaker | 2 | H | ome | | |
| A | 13a S | ATE THE NURSING HO | OUNTY | | | 134 INSIDE CITY LIMITS? | 13e STREET ADDRESS | | , 4 | 9449 | | |
| 4 | | - | - | Washing | ton, | ·C·X NO 🗆 | 29 Westove | er Ave | . / 20 | 331 | | |
| 1 | 14 FA | HER'S NAME | MIDDLE | LAST | | 15. MOTHER'S MAIDEN N. | AME | | TO A LA | (ST | | |
| / | .2 | David | W. | Reid | | Jane | 4000 | | Bigg | | | |
| 5 | | | S. GIVE WAR OR DATES) | | | 17 INFORMANT | ADDR | | | ucer Lane | | |
|) | | No | None | | -3215 | Click D. Sm | ith Jr. (Son | 1) Al | | ia, Va. | | |
| | - | 18 CAUSE OF DEATH LE nte PART I. DEATH WAS CA | er anly one cause P AUSED BY: | er line for (a), (b), a | nd ic | | | | | XIMATE INTERVAL | | |
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| | | | | OR AS A CONSEO | | | | | 2 4 | | | |
| NEL | | Conditions, if ony, which gove rise to immediate Pneumonia | | | | | | | 2 d | ays | | |
| | | couse (a), stating the underlying cause last. DUE TO, OR AS A CONSEQUENCE OF | | | | | | | | | | |
| p 60 0 | | PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0 | | | | | | | | | | |
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| 7 | TA | 9a DATE OF OPERATION | 196 CON | DITION FOR WHIC | H OPERATIO | N WAS PERFORMED | 20a AUTOPSY? | , WERE FINDI | INGS USED | | | |
| 4 | E | | | | | | YES NOK | | | S OF DEATH? | | |
| 7 | CERTIFICATION | 210. ACCIDENT WAS UNDERLYING | 11000 | OF INJURY | | 21c HOW INJURY OCCU | RRED (ENTER NATURE OF INJU | | | | | |
| 1 | | OR CONTRIBUTING CAUSE OF | OF DEATH | a.m. month i p.m. | DAY YEAR | The state of the s | | | | | | |
| | MEDICAL | 21d. INJURY OCCURRED | 21e PLAC | E OF INJURY | | 211 LOCATION | CITY OR TO | IWN | COUNTY | STATE | | |
| | × | WHILE NOT WHILE AT WORK |] AT HOME, | STREET FACTORY, OFFICE | FARM, ETC.) | 21KEE1 | CITORIC | | 000111 | STATE | | |
| | | 220.1 certify that (1) 2000 | | the deceased from | Ju | 19 84 | March March | 4 | 19 87 | that (fi XX) last | | |
| | | sow the deceased oliv | re on Feb. | 28 19 | 87 | nd that in (my XX) apinion | n death accurred on the d | ate and hour | | | | |
| | | 276 SIGNATURE | | 100 | 1 | DEGREE | | | 22c. DATE | SIGNED | | |
| | | Theo | 4 9 | Mar | | ATTENDING PHINACTAN | MEDICAL STA | | MARC | H4. 1987 | | |
| $ \sqrt{} $ | Ì | 22d. PHYSICIAN S NAME (1 | TYPE OR PRINT) | | *** | 22e ADDRESS | | | | / | | |
| | | Thomas G. | Ward, MD | | | 6116 Robinw | good Bethese | la, Ma | ryland | 20817 | | |
| 1 | | JRIAL, CREMATION, REMO | | | | EMETERY OR CREMATORY | 0.0.00000000000000000000000000000000000 | | LOPARA | NIATE | | |
| | _ | burial | March | /7/87 Sh | aron l | demorial Ceme | | | | | | |
| | | NERAL DIRECTOR | V-18-11 | ADDRESS | | 25a 0 | ANE BEOD BY REGISTRAR | 756 REGISTE | RAR'S SIGNA | TURE | | |
| | CH | AMBERS FUNERA | AL HOME S | ILVER SPI | RING, | MARYLAND | | | | | | |
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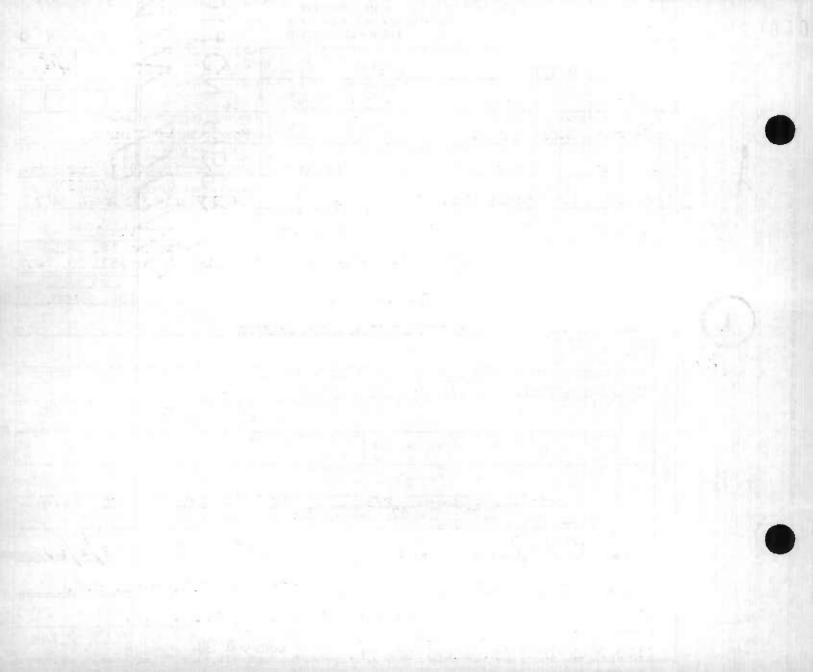
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| 178 | 59 | 1 - | FOR STATE REGISTRAR | | DEPARTA | NENT OF H | EALTH AND MENTAL HYG ICATE OF DEATH | IENE B REG. NO. | 0 8 | 3 4 5 | |
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| | oge 3 | {TYPE | ORPRINT) BEAT | RICE | R. | | ITH | 3 | - 11-87 | 8 207 | |
| | oge 4 mc rector, p urs after | 3 SEX | FEMALE | 4. RACE | W HITE | 5. DATE O | - 23 - 11 | 6. AGE (IN YEARS LAST BIRTHI | YRS. | AYS HOURS MIN. | |
| 0 | death. Po | N | RTHPLACE ISTATE OR FOREIGH EWRY YORK | u. s. | | WIDOWE | | MONTE | FOMER | RY. MD. | |
| 5/4 | of H | R | OCKVILLE | HEBRE | SH HOME OF | GREAT | ROTHER INSTITUTION ER WASHINGTON | HOUSEWIFE | N NORKING LIFE) 12b. KINE INDUSTI OW | DOF BUSINESS OR NO HOME | |
| AND 21 | n 24 hou | 13a M | | ME OR OTHER INSTITUTION | ROCKVILL | | 13d. INSIDE CITY LIMITS? | 13. STREET ADDRESS TO | ROSE ROAD | 20852 | |
| MARYLAND 2 | ed with | | THER'S NAME ARRY IRST | MIDDLE | SHETNBAL | | RACHÉL | MIDDLE | | CKER | |
| BALTIMORE, | oe execut | 16a V | AS DECEASED EVER IN U.: | S. ARMED FORCES? ES. GIVE WAR OR DATES) | 108-07-3 | | LOIS A. ROC | PAPEROY CHKIND, POTON | FALL RIV MAC, MARYL | | |
| SI., | o physical p | | 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Sepsilon IMMEDIATE CAUSE (b) Sepsilon IMMEDIATE CAUSE (c) | | | | | | | | |
| , 201 W. PRESTON | res that the death and a please that a please remarks to burief, cremation, by, or ather troumo. | | Conditions, if ony, which gove rise to immediate couse (a), stoting the underlying couse lost: DUE TO, OR AS A CONSEQUENCE OF (b) BILATERAL CEREBRO VASCULOR ACCIDENT: DUE TO, OR AS A CONSEQUENCE OF DUE TO, OR AS A CONS | | | | | | | | |
| AL RECORDS | on. hos been si t permit. The ene prior to ows any inju | CERTIFICATION | 190 DATE OF OPERATION | 196 CON | DITION FOR WHICH | OPERATIO | N WAS PERFORMED | 200 AUTOPSY? | 206 IF YES, WERE FIN IN CERTIFYING CAUS YES | NDINGS USED SES OF DEATH? | |
| DIVISION OF VITAL | SICIAN: T ng physic certificate urial-trans tentol Hyg frem 18 sh | MEDICAL CER | 210. ACCIDENT WAS UNDERLYIN OR CONTRIBUTING CAUSE (IF EITHER NOTIFY MEDICAL EXA | OF DEATH HOUR A | OF INJURY A.M. MONTH DA P.M. | Y YEAR | 21c. HOW INJURY OCCUR | ED (ENTER NATURE OF INJURY | IN ITEM 18 PART I ORPART | 2) | |
| DIVISIO | offer this as the but the and warked or | MED | 21d INJURY OCCURRED WHILE NOT WHILE AT WORK | LAT HOME S | OF INJURY TREET, FACTORY, OFFICE, F | ARM ETC) | 21f LOCATION STREET | CITY OR TOW | COUNTY | STATE | |
| | Spitol or CTOR: A d for use I. of Heal | | 22a.1 certify that (1) this sow the deceased alm obove, (1) (we) (did) a | | | | | deoth occurred on the dote | | | |
| | O HOSPITAL OR etoined by the ho TO FUNERAL DIRE should be detoched with the Stote Dept. | - | 226, SIGNATURE 226, PHYSICIAN'S NAME 200 ET | | eof ALBIC | N | ATTENDING PHYSICIAN (| MEDICAL STAFF DIRECTOR PHYSICIA WTROSE | 2 | ATE SIGNED | |
| | TO HOSP retoined TO FUNE shauld be with the IMPORTA | 23a E | URIAL, CREMATION, REMO | | | | EMETERY OR CREMATORY | 23d LOCATION | PRINCE | | |
| | BP | B | URTAL | 3/13 | 3/1987 MO | UNT L | EBANON CEMETE | RY ADELPHI. | GEORGE'S | MARYLAND | |
| | DHMH - 16 60M 7/B4 (VRA 15, 4) | | ONALDREMOR STET 32 CARROLL ST | | | | | 1 1987/STRAS | REGILLRAR'S SIGN | Friday. | |



DHMH - 16 60M 7/B4 (VRA 15, 4)

24 FUDANZANSKY-GOLDBERG MEM CHP INC. 1170 ROCKVILLE PK. ROCKVILLE MD 250 DATE REC'D. BY REGISTRAR 256, REGISTRAR'S SIGNATURE



STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR PEG NO 1 DECEASED NAME 2a. DATE OF DEATH MONTH YEAR 2b HOUR TYPE OR PRINTS SCAR 29 DMITH MARCH 6. IF UNDER 24 HRS 3. SEX 4. RACE 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) MALE NOVEMBER 1905 BIRTHPLACE I STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED M NEVER MARRIED IRGINIA MONTGOMERY COUNTY WIDOWED! DIVORCED [IN CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION LTYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY CLERK US GOU'T. HEALTH 136 COUNTY 13d INSIDE CITY LIMITS? 13e STREET ADDRESS / ZIP CODE VIRGINIA ALEXANDRIA S WHITING ST YES X 15 MOTHER'S MAIDEN NAME MIDDLE ARMED FORCES 160 WAS DECEASED EVER 17 INFORMANT (YES, NO OR UNKNOWN) HE YES, GIVE WAR OR DATES! SMITH 402 S. WHITING ST. ALEXAN 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY minuTec IMMEDIATE CAUSE IO Proscle Ratio Heart Canditians, if any, which gave rise to immediate cause (a), stating DUE TO, OR AS A CONSEQUENCE OF underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 190 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED 20s AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NOV YES [NO [218. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18. PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH LIF EITHER NOTIFY MEDICAL EXAMINER P.M 19 214 INJURY OCCURRED 211 LOCATION 21e PLACE OF INJURY ö (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY STATE NOT WHILE AT WORK AT WORK 220.1 certify that (I) (this haspital) attended the saw the deceased alive an and that in (my) (aur) apinion death accurred an the date and haur and from the causes stated abave_(1) (we) (did) (did not) view the body after death DEGREE 22c. DATE SIGNED ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN ICIAN'S NAME (THE OFFICE) 22e ADDRESS 23a BURIAL, CREMATION, REMOVAL 231 NAME OF CEMETERY OR CREMATORY 23b DATE 23d LOCATION CHAMBERS CREMATORY CLEMATION REC'D, BY REGISTRAR SE REGISTRAR'S DHMH - 16 60M 7/84 CHAMBERS CO., INC. 8655 GEORGIA AVE. SIWERDARM (VRA 15, 4)

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| 3 5 MAR 26 | REGISTRAR | | ICATE OF DEATH | REG. NO. | 0 0 |
| | ECEASED NAME FIRST | | | a DATE OF DEATH MONTH | DAY YEAR 26 HOUR |
| deode 3 | William | H Sm | ith | 311 | 9187 245 PM |
| 3. SE | X 4 RACE | 5. DATE C | | | FUNDER I YEAR IF UNDER 24 HRS |
| rector urs off | | WHOTE S | 13 96 | 90 89 YRS | DATE NOONS MINE. |
| 2 P P P P P P P P P P P P P P P P P P P | RTHPLACE (STATE OR FOREIGN 76 CITIZE COUNTRY) | EN OF WHAT COUNTRY? 8. | NEVER MARRIED | BALTIMORE CITY OR COUNTY | |
| un Z | Brooklynny | U.S.A WIDOWE | | Montgom | ery 6, MD. |
| 10 0 | | AE OF HOSPITAL, NURSING HOME OF THE SUCH FACILITY, GIVE STREET ADDRESS) | | 26 USUALOCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE | 176. KIND OF BUSINESS OR |
| t led | silver Spring/ C | | lursing Home | ENGINEER . | CIVILY MECH |
| S S JUSU | TAL RESIDENCE LIF NURSING HOME OR OTHER INST | TUTION GIVE RESIDENCE BEFORE ADMISSION) | , | 21/21 | |
| 3 | STATE VACY 130 COUNTY | OUFENS VILLAGE | 13d. INSIDE CITY LIMITS? 1 | 30 STREET ADDRESS / ZIP CODE | ME 99999 |
| e la la F | ATHER'S NAME | ANTERO VILLER | 15 MOTHER'S MAIDEN NAME | 7-73/ 11m | KVS 12111 |
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| | WAS DECEASED EVER IN U.S. ARMED FOR (YES, NO OR YINKNOWN) HIF YES, GIVE WAR OR D. | ATES) | 17 INFORMANT | | DA CO MA |
| | No | 101-09-4232A | HUGH to Wink | ERICH 1701 PRECIL | LA DR S.S. MD |
| 200 | 18 CAUSE OF DEATH (Enter only one coupant I, DEATH WAS CAUSED BY: | use per line for (a) (b), and (c).) | 11/15 | `\1 | APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH |
| 0.00 | PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE | | + Hear Ta | iluri | 1 hones |
| 4 V | | V | 0 1 6 | | |
| 0 5 | Conditions, if ony, which | TO, OR AS A CONSEQUENCE OF | etro Kar | Lesear. | Years |
| trou | gove rise to immediate | (6) (A) (A) (A) (A) (A) (A) (A) (A) (A) (A | October 11 the 1 | | |
| othe | couse (a), stating the DUE underlying couse lost. | TO, OR AS A CONSEQUENCE OF | | | |
| or o | PART 2 OTHER SIGNIFICANT CONDITION | (c) | NOV DEL LEED TO THE VEG. | | |
| o bri | PART 2 OTHER SIGNIFICANT CONDITIO | DINS CONTRIBUTING TO DEATH BUT | NOT KELATED TO THE TERMIN | TAL DISEASE OR CONDITION GIV | EN IN PART TO |
| Hygiene prior to & 8 shaws ony injur | 19a. DATE OF OPERATION 19b. | CONDITION FOR WHICH OPERATION | V WAS DEPENDATED | 20a AUTOPSY? 20b. IF YES | , WERE FINDINGS USED |
| PIC S | The BATE OF GLERATION | CONDITION TO MINICIPOLITICATION | T THE STERI OR THE D | IN CERTIF | YING CAUSES OF DEATH? |
| 9 3 E | | This of hills | Tai How himsy occurren | YES NO YES | 1-1 |
| // | | TIME OF INJURY FUR A.M. MONTH DAY YEAR | ALC HOW INJURY OCCURRE | D (ENTER NATURE OF INJURY IN ITEM 18 P. | ART 1 OR PART ?) |
| Hem CAI | (IF EITHER NOTIFY MEDICAL EXAMINER) | P.M. 19 | | | |
| 2 2 0 | | PLACE OF INJURY OME, STREET, FACTORY, OFFICE, FARM, ETC.) | 211. LOCATION | CITY OR TOWN | COUNTY STATE |
| W A | AT WORK NOW NOW | OME, STREET, PACTORT, OFFICE, PARM, ETC) | 1 | 2 2 0 | 60 |
| O E | 22a. I certify that (b) (this hospital) atten- | ided the deceased frame | 12 40) 11 | 10 3//1 | that the love last |
| F .: | | | d that in (mx) (our opinion de | oth occurred on the date and hour | and from the course stated |
| 0 C | sow the deceased alive on obove (1) (we) (distribute of view the | | | - A december on the dore one house | |
| If he | 276 SIGNATURE | 1 | ATTENDING | MEDICAL STAFF | 224. DATE SIGNED |
| | | | PHYSICIAN D | DIRECTOR PHYSICIAN | 1/9°0V/ |
| S & | 224 PHYSICIAN'S NAME TYPE OF PRINT | 1 | 77e ADDRESS | 1 1 CCh | 12.001 |
| 2 2 | 1 1 1 10 11 10 | LAND WAR | 1/1 to NOINTE | wo (hinher)) / T | 1 1940 4 |
| PORT | 111 Crawle | 10001-1-11 | 11/10/ 200 1/60 | 17 11 11 11 11 11 | 001-1 |
| W.P.O. | BURIAL, CREMATION, REMOVAL 236 DA | ATE 234 NAME OF C | EMETERY OF CREMATORY | 23d LOCATION | 001-1 |
| od # d | (SPECIFY) | 7 | 111 / -+ N | 23d LOCATION GIV OR TOWN REAL PROPERTY OF TOWN | country my |
| 99 230 | (SPECIFY) | ATE 23, NAME OF C | Haphington Ore | | COUNT P MAIN |

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STATE OF MARYLAND

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Limiy. men. 978-60-1591 Mary N. Connelly 3133 Cf Ave. Int 20006

9.LCSB

3,05/87 Rock Theek Usm. Joseph Rowler's Lond, Inc. AND IT TO. Mr. Mash., Hr 20015

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE -STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH / REGISTRAR . DECEASED NAME . DATE KNOWN X MONTH (TYPE OR PRINT) ESTI-DEATH MATED Gunther Eric Speicher 1987 6. AGE (IN YEARS 3 SEX DATE OF BIRTH IF UNDER 24 HRS DATE LAST BIRTHDAY PRONOUNCED DEAD 3/23 1987 1923 63 Male White Jun. YRS 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED W NEVER MARRIED FOREIGN COUNTRY) United States Germany WIDOWED DIVORCED Montgomery County II. CITY OR TOWN OF DEATH 20 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS II. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION OR INDUSTRY Engineeri Wheaton 12805 Jingle Lane Electrical Eng USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) NO X 12805 Jingle Lane 136 COUNTY 13d. INSIDE CITY LIMITS? 20906 Montgomery Maryland Wheaton 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE Speicher Paul FIRST Maria Smegel 17. INFORMANT 16h SOCIAL SECURITY NO ADDRESS (YES, NO, OR UNKNOWN) 579-20-3655 Mary Jane Speicher, Same as No 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Acute myocardial disease. IMMEDIATE CAUSE (a)_ DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 ID CERTIFICATION None 19a DATE OF OPERATION 19% CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? None YES -NO X EXECUTE THE CERTIFICATE, WRITING THE WON PAGE 4 SHOULD BE FORWARDED TO THE CT TO FUNERAL DIRECTOR, PAGE 3 SHOULD BE AFTER DEATH, WITH THE STATE DEPARTMENT, BAGTIMORE, MARYLAND, 21201 PRIOR TO BE 210 EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH None 21e PLACE OF INJURY (AT HOME. 214. INJURY OCCURRED 21 LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OF TOWN COUNTY WHILE AT WORK 220 I certify that I took charge of the remains described above, held on Inspection and in my apinion Natural causes Suicide Hamicide Undetermined manner TITLE (SPECIFY) 3/24/87 Deputy SIGNATURE 1919 Seminary Road John S. Ruge.

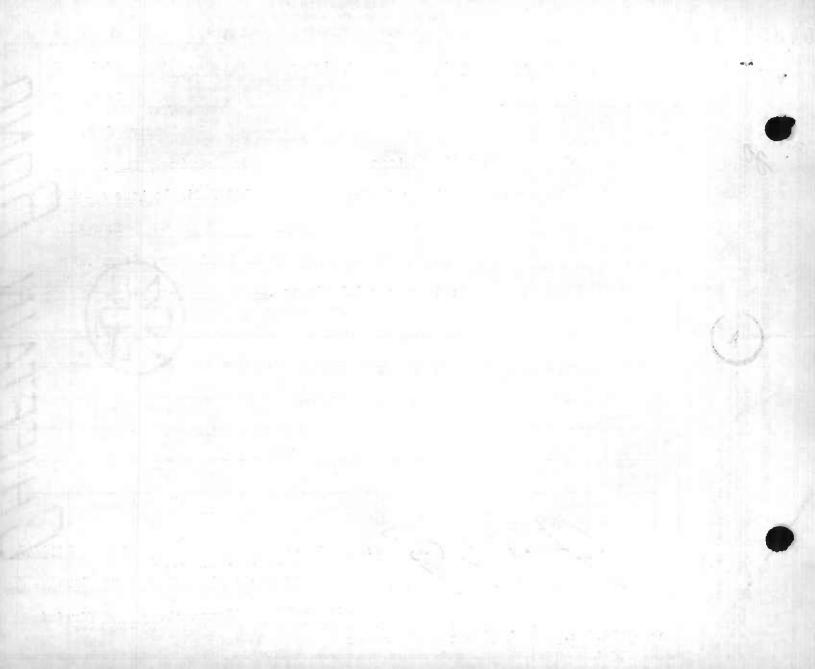
REMATION, REMOVAL 23b DATE 23c. NAME OF CEMETERY OR CREMATION.

Crematory Alexandria VIII

Cremation Mar. 24, 1987 Metropolitan

A Pumphrey Funeral Home/

A Pu ADDRESS Silver Spring, Montgomery County, MD 07/84 25M Rockwille, Inc. 300 West Montgomery Avenue Rockwille, Maryland 20850 **DHMH** - 17 (VR A15 ME (5))



STATE OF MARYLAND 148651 WAR 3 DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REGISTRAR REG. NO. 7g. DATE OF DEATH MONTH 7h. HOLIR 1. DECEASED NAME (TYPE OR PRINT) SPIELMAN MARIAN В. 6. AGE (IN YEARS LAST BIRTHDAY) 4 RACE 5. DATE OF BIRTH HINDER TYEAR IF UNDER 24 HRS Dec. 23, 1900 86 White Female BIRTHPLACE (STATE OR FOREIGN BALTIMORE CITY OR COUNTY OF DEATH TE CITIZEN OF WHAT COUNTRY MARRIED NEVER MARRIED USA Montgomery County MD WIDOWED DIVORCED [IL CITY OR OWN OF DEATH 126 KIND OF BUSINESS OF 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12ª USUAL OCCUPATION Education Asbury Methodist Village Teacher Gaithersburg LIAI RESIDENCE LIENURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION IS COUNTY la STATE 13e STREET ADDRESS / ZIP CODE 131 CITY OF TOWN 116 W. University Pkwy. Balte. YES X NO [MD 15 MOTHER'S MAIDEN NAME 4 FATHER'S NAME MIDDLE MIDDLE Edgar Spielman Jones Rev. Linda 17 INFORMANT ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO OR UNKNOWN) (IF YES GIVE WAR OR DATES) 214 40 4939 | Harold Jenkins, Chew Chase, MD No APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per PART I. DEATH WAS CAUSED BY Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 206. IF YES, WERE FINDINGS USED 198 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20g AUTOPSY IN CERTIFYING CAUSES OF DEATH? NO 21a. ACCIDENT WAS UNDERLYING 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY 216 TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH LIFETHER NOTIFY MEDICAL EXAMINERS P.M. 19 21e. PLACE OF INJURY 211 LOCATION 21d INJURY OCCURRED CHTY OR TOWN COUNTY STREET AT HOME STREET, FACTORY, OFFICE FARM, ETC.) NOT WHILE 22a.1 certify that (1) (this haspital) attended the deceased saw the deceased alive on. (our trainion death occurred on the date and have and from the causes stated DEGREE ATTENDING [/MEDICAL PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS 23c NAME OF CEMETERY OR CREMATORY 23a, BURIAL CREMATION, REMOVAL 73b DATE 3/31/87 Balto. County MD Parkwood Cem. Burial 250 DATE REC'D. BY REGISTRAR 251 REGISTRAR'S SIGNATURE Henry W. Jenkins & Sons Co. DHMH - 16 50M 4/83 (VRA 15, 4) 4905 York Road Balte., MD

Miles Election Left of E . 250 318 Nontron wount T har ducation esellive i villece 121 11 . University Pany. . • 4 Jonel Fey. . . ce sille n int 14 K est Hool Jankin, Chara, VD CA = 1:5. County, C1 · 1/7

> Finn M. Jen in L. on Co. 45 E Yoæ Fod Esty., Co. 61212

| | STATE OF MARYLAND |
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| 0 = = 0 | DEPARTMENT OF HEALTH AND MENTAL HYGIENE |
| 9535 APR - | REGISTRAR CERTIFICATE OF DEATH & REG. NO. U & S S 2 |
| | 1. DECEASED NAME FIRST MIDDLE LAST 20. DATE OF DEATH MONTH DAY LAW 21-19UR |
| 1 000 | Rosalie Spencer 3/308/549m |
|) 2 2 2 | 3. SEX A RACE S. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) FUNE A FUNDER A HIS |
| 96 96 | Female Black December 20, 1911 75 YRS |
| 11 96 | 78. BIRTHPLACE (STATE OR FOREIGN TO CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED) BALTIMORE CITY OR COUNTY OF DEATH |
| 4 E DO | West Virginia United States WIDOWED □ Montgomery County MD. |
| 911 371 | 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 176 KIND OF BUSINESS OR |
| 13 5/ | Takoma Park Washington Havent Strosy Sperch THERAPIST Public Schools |
| 7 30 | USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 10 STATE 136 COUNTY 136 CITY OR TOWN 136 INSIDE CITY LIMITS? 138 STREET ADDRESS / ZIP CODE 20853 |
| 11 KO | Maryland Montgomery Rockville YES □ NO □X 14346 Chesterfield Road |
| In . | 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME FIRST MIDDLE LAST LAST |
| AB 145 | Arthur S. Adams Mary Taylor |
| | 166 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS 288-46-0499 William Spencer. Same as 13 |
| 1 | and the state of t |
| opper opper prof. | 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I DEATH WAS CAUSED BY. |
| 0.00 | IMMEDIATE CAUSE (a) Electromechanical Disassasciation Book |
| and the second | DUE TO, OR AS A CONSEQUENCE OF |
| tion the same of t | Conditions, if only which (b) thouteness I may be a simmediate |
| the same | cause (a), stating the underlying cause lost. DUE TO, OR AS A CONSEQUENCE OF |
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| New York | PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 |
| 1111- | 4cu & Int for for the Condition or which operation was performed 196 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 206 AUTOPSY? 106 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO YES NO |
| 54871 | YES W NO YES W NO O |
| SIFE | 71g. ACCIDENT WAS UNDERLYING 71b. TIME OF INJURY 71c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) |
| 1111 | OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR |
| N N N | 21d INJURY OCCURRED 21e PLACE OF INJURY 21I LOCATION |
| 1113 | ILE NOT WHILE AT WORK |
| 4 1 1 0 | 22a 1 certify that (1) (this haspital) attended the deceased from 3/21, to 3/30 19.87 that (1) (we) last |
| 2 4 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 | saw the deceased alive an 3/29 19 87, and that in (my) (aur) apinian death occurred an the date and haur and Iram the causes stated abave. (1) (we) (did) (did not view the body after death. |
| WILE. | 776. SIGNATURE DEGREE 172. DAJE SIGNED |
| 755 | ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN HILL |
| A S S S S S S S S S S S S S S S S S S S | 276 PHYSICIAN'S NAME LIVE OR PALL |
| Poster Park | Consel Golden 19401 Old Gornoton Rd Betherda Nd |
| 5 5413 | 236. BURIAL, CREMATION, REMOVAL THE DATE 236. NAME OF CEMETERY OR CREMATORY 236. LOCATION |
| 3P | Burial 4-4-87 Calvary Cemetery Cleveland, Ohio |
| IMH - 16 60M 7/B4 | 24 FUNERAL DIRECTOR E. F. BOYD & SON Funeral Home 230 DATE REC'D. BY REGISTRAR'S SIGNATURE |
| (VRA 15, 4) | 2165 East 89th Street, Cleveland, OH 44106 APR - 6 1987 |

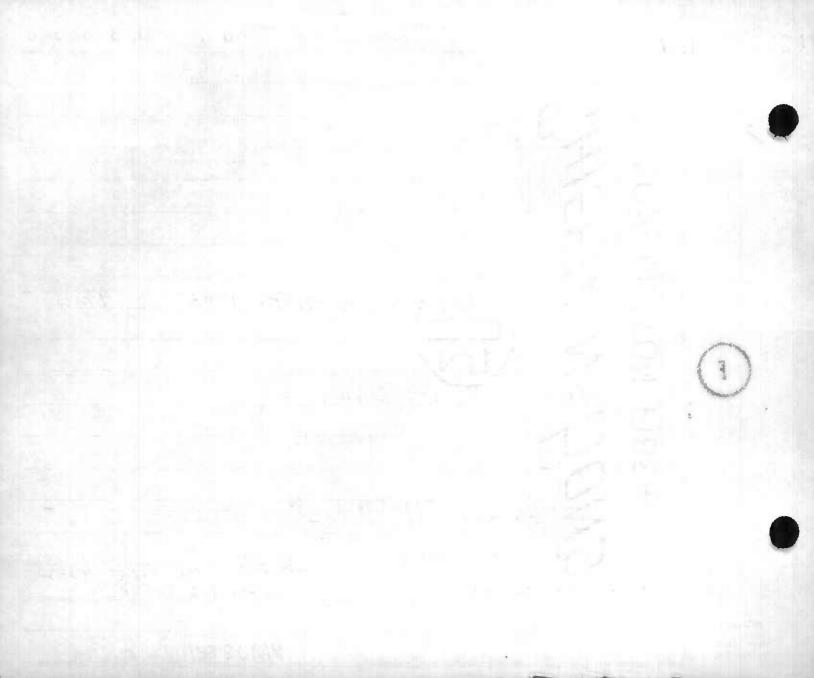


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STATE OF MARYLAND

| , 1 | FOR 1 - STATE 0.7 REGISTRAR | | | | CERTI | HEALTH AND MENTAL HYC FICATE OF DEATH | 8 / | 10 | U & | 0 5 |
|---|--|-------------------------------|--|-----------------|--|--|--|--|--|---|
| | DECEASED NAME | FIRST | M | MODLE | | TAST | REG. N | MONTH | DAY YEAR | 26 HOUR |
| (1 | TYPE OR PRINT) | . 3 | | 0 | Coica | 1 | March 5 | 1007 | | 8:30 P |
| 3 | SEX | ıdra 4 | RACE | G. | | elmoyer OF BIRTH | March 5, | | IF UNDER 1 YEA | |
| | | 3 | | | MONT | | | | MONIHS DAT | S HOURS MIN |
| 1 70 | Female BIRTHPLACE (STATE OR FOR | CUCAU 25 | CITIZEN OF V | ite | | ember 1, 1920 | 9 BALTIMORE CITY | YRS | | |
| 51" | COUNTRY) | EIGN //O | CITIZEN OF V | VHAI COUNT | MARRIE | ED NEVER MARRIED | | | | |
| × 10 | Ohio CITY OR TOWN OF DEATH | | United | | | OR OTHER INSTITUTION | Montgomer | | | M |
| 10 | CITORIOWNOFDEATH | | | FACILITY, GIVES | | OK OTHER INSTITUTION | TYPE OF WORK FOR MOST | | | OF BUSINESS OF |
| | Damascus | | 10421 M | | | | Housewife | 2 | Own | home |
| | SUAL RESIDENCE IN NURSING | COUNTY | | 13c. CITY OR | | 13d INSIDE CITY LIMITS? | 13e STREET ADDRESS | / ZIP CO | DE #102 | |
| | | lontgo | omery | Gaith | ersburg | | 10000 Sted | | 11 | 20879 |
| 0 14 | FATHER'S NAME | MIC | DDLE | LAST | | 15 MOTHER'S MAIDEN NA | ME | | | AST |
| 3 | Charles | | | Graha | | Pearl | | | | ossnickl |
| 1 160 | WAS DECEASED EVER IN | | ED FORCES? | | SECURITY NO. | 17 INFORMANT | ADDE | SESS 1 N | Maynard | Court |
| | No No | IF TES, GIVE W | VAR OR DATES) | 301-0 | 5-0949 | Phyllis S. F | cellmer. Da | mascu | us, MD | 20872 |
| | 18 CAUSE OF DEATH | Enter only | one couse per | | | | OCALIICA / | | | DXIMATE INTERVAL N ONSET AND DEATH |
| | DART L DE ATH WAS | CALIFED | RY | 4 - | 1 | | DA ALONA | | | |
| | | | | AL AS | 1-111 | OVADIAN CA | コレバ / ヘハ メかか | | | |
| | Conditions, if any, w gave rise to immed cause (a), stating | which diate the | DUE TO, OR | HELMS | EOUENCE OF | OVARIAN G | TREADURE | | | mos |
| ZO | Conditions, if any, we gave rise to immediately cause toll, stating underlying cause | which diate the last | DUE TO, OR 16) DUE TO, OR (c) Inditions CO | AS A CONSE | EOUENCE OF | T NOT RELATED TO THE TERM | | VDITION C | GIVEN IN PART | lio |
| NOTACION | Conditions, if any, we gave rise to immediately cause toll, stating underlying cause | which diate the last | DUE TO, OR 16) DUE TO, OR (c) Inditions CO | AS A CONSE | EOUENCE OF | T NOT RELATED TO THE TERA | MINAL DISEASE OR CON | VDITION C | GIVEN IN PART | lio |
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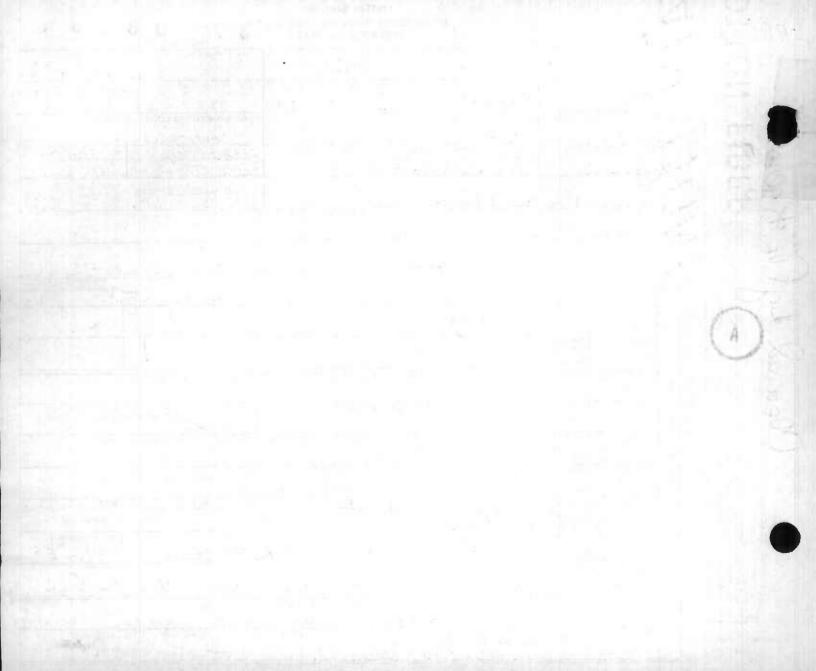
DHMH - 16 60M 7/84 (VRA 15, 4)



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 20 DATE OF DEATH I. DECEASED NAME MONTH YEAR 26. HOUR ETYPE OR PRINTE 3 Ernst A.R. Sprick 4. RACE 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS 3. SEX 5 DATE OF BIRTH HOURS MONTH male Caucasian 1925 Mau To BIRTHPLACE ISTATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY BALTIMORE CITY OR COUNTY OF DEATH MARRIED A NEVER MARRIED W. Germany Montgomery Germanu WIDOWED DIVORCED | ID CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION DUSUAL OCCUPATION

DUST COLOR TOS TOS PORKING LIFE) Silver Spring Holy Cross Hospital

USUAL RESIDENCE IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION, East. 136 COUNTY 13e STREET ADDRESS / ZIP CODE 20910 Silver Spring 2613 Holman Ave. Montgomery Maruland I FATHER'S NAME 15 MOTHER'S MAIDEN NAME FIRST MIDDLE Baade. Ernst Sprick Johanna **ADDRESS** 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO 17 INFORMANT IYES NO OR UNKNOWN) LIF YES, GIVE WAR OR DATES) same as #13 213-40-8068 Carin S. Sprick IB CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o. DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate couse lol, stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 grap 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? 210. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 211. LOCATION 21d INJURY OCCURRED 21e. PLACE OF INJURY CITY OF TOWN COUNTY AT HOME STREET, FACTORY, OFFICE, FARM ETC) NOT WHAT 27s.1 certify that (I) (this hospital) attended the decetted from and that in (my) (our) opinion deoth occurred an the date and hour and from the causes stated 278 SIGNATURE DEGREE 22c DATE SIGNED MEDICAL ATTENDING STAFF PHYSICIAN ADIRECTOR PHYSICIAN 224 PHYSICIAN'S NAME ITYM OF PENE 22e ADDRESS 230 BURIAL, CREMATION, REMOVAL 23c NAME OF CEMETERY OR CREMATORY March 19, 1987 Metropolitan Crematory Cromation Alexandria 24 FUNERAL DIRECTOR Francis J. Collins Jr. DHMH - 16 60M 7/84 (VRA 15, 4) 500 University Blyd. West, Silver Spring.



DHMH 16 50M 4/83

(VRA 15. 4)

STATE OF MARYLAND

26 HOUR March 21, 1987 2:20p M IF UNDER I YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.

BALTIMORE CITY OR COUNTY OF DEATH

Montgomery County 126, KIND OF BUSINESS OF

TYPE OF WORK FOR MOST OF WORKING LIFE! INDUSTRY

Public Schools

4009 Fessenden St. N. W. /20016

NO [

March 21, 1987

STATE

STATE

Varna

Washington D.C.20016 4009 Fessenden St. N.W APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

IN CERTIFYING CAUSES OF DEATH? YES

COUNTY

19_87 , and that in (my) (XX) opinion death accurred on the date and hour and from the causes stated

22E DATE SIGNED

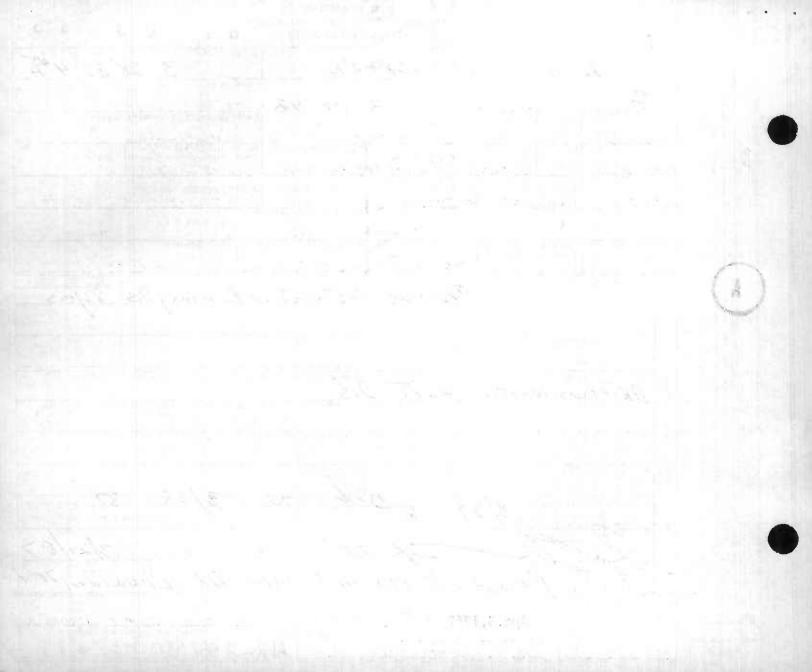
2141 K Street N.W. Washington, D.C. 20037

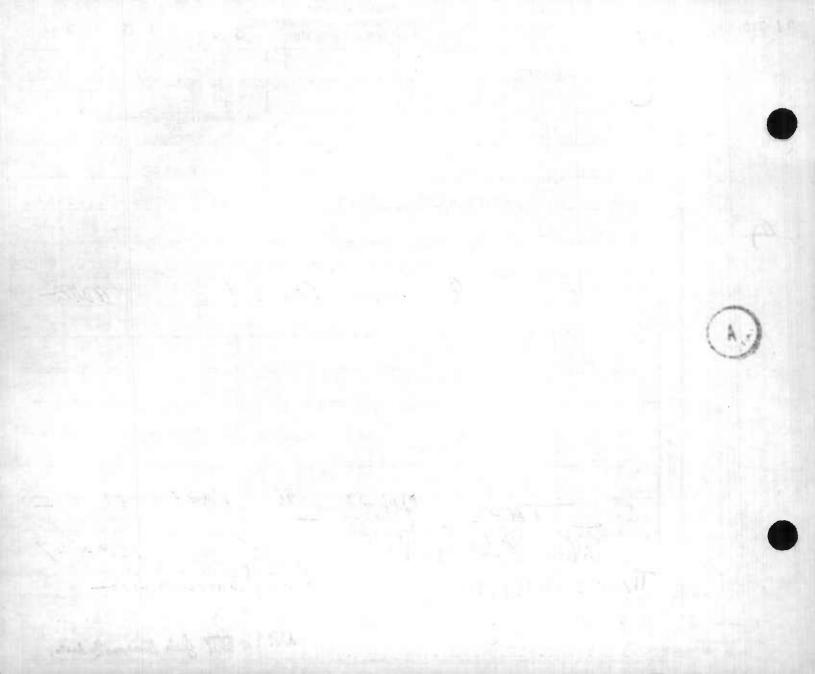
Washington, D.C. 25a. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE Rocky Lie, Indert A. Pumphrey Funeral Home,

300 West Montgomery Ave. Rockville, Maryland



| | | | | STATE OF MAKTLAND | | |
|--|---------------|--|--|---|--|---|
| 270 100 | 1- | FOR STATE REGISTRAR | DEPARTI | WENT OF HEALTH AND MENTAL HYC CERTIFICATE OF DEATH | 8 / 0 | 8 3 5 6 |
| - 1 0 WH | 1 DE | EASED NAME - FIRST | WIDDIE | LAST | REG. NO. 20 DATE OF DEATH MONTH DA | Y YEAR 2b. HOUR. |
| m t | | 00.000.00 | | 50,100 | 3 2 | 1 00 1145 |
| and a death | | Bess | E. | STURIO | 2 20 | 0/7 HM |
| ofter ofter | 3 SE | | 4 RACE | 5. DATE OF BIRTH MONTH DAY YEAR | | UNDER I YEAR IF UNDER 24 HRS |
| ecto | | Tomalo_ | Caucasian | 12 16 92 | 94 YRS | |
| Po de | | ATHPLACE ISTATE OR FOREIGN | 76 CITIZEN OF WHAT COUNTRY? | MARRIED NEVER MARRIED | 9 BALTIMORE CITY OR COUNTY O | F DEATH |
| 000 | | CONSIN | IISA | WIDOWED VY DIVORCED | U to | MD. |
| 中华 | | TY OR TOWN OF DEATH | 11. NAME OF HOSPITAL, NURSIN | IG HOME OR OTHER INSTITUTION | 120 USUAL OCCUPATION | 126. KIND OF BUSINESS OR |
| led th | V - | | (# NOT IN SUCH FACILITY, GIVE STREET | | (TYPE OF WORK FOR MOST OF WORKING LIFE) | INDUSTRY |
| be file | rusu | SINGTON AL RESIDENCE (IF NURSING HOME) | OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE | ens Nursing Home | Dental Assistant | |
| P. 25 | 130. 5 | TATE 136 CO | UNTY 13t. CITY OR TOW | 'N 13d. INSIDE CITY LIMITS? | 13e STREET ADDRESS / ZIP CODE | |
| The state of the s | | | tgomery Rockvill | | 15300 Russett Road | 20853 |
| 1 2 2 set | 14. FA | THER'S NAME FIRST | MIDDLE LAST | 15 MOTHER'S MAIDEN NA | WIDDLE | LAST |
| dw & | | John | Dengel | Julia | | Houck |
| 25 0 | | (AS DECEASED EVER IN U.S. A | ARMED FORCES? 166 SOCIAL SECU | IRITY NO. 17 INFORMANT | ADDRESS | |
| 100 | | No | 398-03- | 3532 Warren F. Sp | urr Son Same as | 12 |
| 35) 21 | | | only ane cause per line for 161, (b), an | ol (m) l | | APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH |
| 800) | | PART I, DEATH WAS CAUS | SED BY: | un ObsTanTi | 1e Rulmonary DIS | Con |
| 23 | | IMMEDI | ATE CAUSE (a) | a - sixuell | E TOU MOTHERY PIS | 8 years |
| no. 0 | | | DUE TO, OR AS A CONSEQUE | ENCE OF | | |
| atio | | Canditians, if any, which | (b) | | | |
| the rem | | cause (a), stating the | DUE TO, OR AS A CONSEQUE | ENCE OF | | |
| by ease | | underlying cause lost | (c) | | | |
| aned n ple buri | 1 | PART 2 OTHER SIGNIFICANT | T CONDITIONS CONTRIBUTING TO | DEATH BUT NOT RELATED TO THE TERA | MINAL DISEASE OR CONDITION GIVEN | IN PART 110 |
| The | O N | ARTERIOSCI | lerotie Hear | TDIS | | |
| mit. | CERTIFICATION | 190 DATE OF OPERATION | 196. CONDITION FOR WHICH | OPERATION WAS PERFORMED | | WERE FINDINGS USED |
| hos per per | Ĕ | | 34 | | YES NOT YES | NG CAUSES OF DEATH? |
| cote ronsit Hygie | 2 | 210 ACCIDENT WAS UNDERLYING | | 21c HOW INJURY OCCUR | RED (ENTER NATURE OF INJURY IN ITEM 18 PAR | |
| 110 | | OR CONTRIBUTING CAUSE OF C | ACRES OF THE PARTY | AY YEAR | | |
| S cert burnal Ment | MEDICAL | 116 EITHER NOTIFY MEDICAL EXAMIN | P.M. | 19 211 LOCATION | | |
| the band led | WEI | WHILE NOT WHILE | (AT HOME STREET, FACTORY, OFFICE, F | | CITY OR TOWN | COUNTY STATE |
| After e os t olth o morke | | AT WORK AT WORK | | 7 | 2/10 | 0-7 |
| Leol Leol | | | spital) attended the deceased from | 19/0 | , to 0/20 19 | that (1) (we) last |
| for of 21 | | saw the deceased alive a | not; view the body after death. | and that in (my) (aur) apinian | death occurred an the date and haur o | and from the couses stated |
| ng inequality inequality | | 226 SIGNATURE | A) | DEGREE | | 224. DATE SIGNED |
| letacl tre Do | | 401 | 15 | TALL ATTENDING PHYSICIAN [| MEDICAL STAFF DIRECTOR PHYSICIAN | 3/29/8> |
| should be deti with the State | 1 | 22 N'S NAME ITYPE | E OR PRINT) | 22e ADDRESS | 1 - 11 | |
| OR THE | | /X . / | Bensk | 1911 4/15 /01 | lie DR 11/ho | along 20 8 |
| TO FUNER should be with the St | 22- 5 | URIAL, CREMATION, REMOVA | AL TOP DATE TO | NAME OF CEMETERY OR CREMATORY | 123d LOCATION | |
| | - (| SPECIFY) | AL 23b. DATE 23c. 1 | At Propinis Road | CITY OR TOWN | COUNTY STATE |
| P | | urial | | st Precious Blood | New London Waupa | |
| MH - 16 60M 7/84 | 24 F(| INERAL DIRECTOR Franc | cis J. Collins, RES J. | 7. 250. DA | TE REC'D. BY REGISTRAR 256 REGISTRA | AR'S SIGNATURE |
| (VRA 15, 4) | 50 | O University E | Blud. W. Silver: | Spring. Md. AP | R = 2 1987 Julia Ja | orden Parlace |





0491

FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

| | | REGISTRAR | | | | CERTIF | ICATE OF DEATH | 8 / RI | EG. NO. |) 0 | 3 0 | | |
|-----|---------------|---|---|------------------------------|---|-------------------------|------------------------------------|---------------------------------|---------------------------|-------------------------------------|--|--|--|
| | | CEASED NAME | FIRST | | AIDDLE | | AST | 2a DATE OF DEA | | Y YEAR | 26 HOUR | | |
| | (1117 |) | largue: | rite | W. | St | atz | M | arch 24, | 1987 | 1:30P M | | |
| | 3. SE X | Female | | . RACE White | | S. DATE C | 12, 1900 | 6. AGE (IN YEARS I | | UNDER TYEAR | HOURS MIN. | | |
| 7 | | RTHPLACE (STATE OR DC | FOREIGN) | U.S. | | ITPV2 8 | D NEVER MARRIED | 9 BALTIMORE C | omery | F DEATH | MD. | | |
|) | W | ty or town of DE heaton | | Manor Manor | TAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 12 | | | | | INDUSTRY | 126. KIND OF BUSINESS OR INDUSTRY Paint Co. | | |
| 2 | 13a. S | AL RESIDENCE IN NUR TATE MD | 13b COUN MON | TY | 13c CITY OR | | 13d. INSIDE CITY LIMITS? YES MO | | Washing to | n St. | 20895 | | |
| No. | | THER'S NAME FIRST | Rố | AIDDLE | w i îtw | tt | 15 MOTHER'S MAIDEN N Sarah | | DDLE | Zlen | nents | | |
| | 16a W | VAS DECEASED EVER (ES, NO OR UNKNOWN) NO | | MED FORCES? WAR OR DATES) | | SECURITY NO. 03-9362 | Evelyn E. 1 | | ne as item | n # 13 | | | |
| | | 18 CAUSE OF DEAT PART I. DEATH V | VAS CAUSED | BY. | line for (o), (S troke | | | | | BETWEEN C | MATE INTERVAL ONSET AND DEATH | | |
| | | Conditions, if any gove rise to im couse (a), stati | mediate ng the | DUE TO, O | RAS A CONS | SEQUENCE OF | iosclerosis terioscleros | 4.0 | | 10+y | | | |
| | | PART 2 OTHER SIG | NIFICANT C | | | | NOT RELATED TO THE TER | | CONDITION GIVEN | | | | |
| 7 | CERTIFICATION | Congesti | | | | | ract infecti | on; mitral | 20b. IF YES, V | SUFFICE WERE FINDIN NG CAUSES | IGS USED | | |
| 4 | RTIF | | | | | | | | YES | | NO 🗌 | | |
| 1 | MEDICAL CE | 210. ACCIDENT WAS UN OR CONTRIBUTING [] (IF EITHER NOTIFY MED | CAUSE OF DEAT | Ρ. | M. MONTH M. | H DAY YEAR | 21s. HOW INJURY OCCU | IRRED (ENTER NATURE (| DF INJURY IN ITEM 18 PART | T I OR PART 2) | | | |
| | MED | 21d INJURY OCCUR | HILE | | EET, FACTORY C | OFFICE FARM ETC) | 211 LOCATION STREET | | Y OR 10WN | COUNTY | STATE | | |
| | | 22a. I certify that (I sow the decease obove, (I) (was) |) (this hospin sed olive on did) (ddana | Mar .) view the body | deceased f 7 ofter death. | 19 87 . or | nd that in (my) (50r) opinio | , to Mar n death occurred on | | | that (I) (we) lost couses stated | | |
| | | 226. SIGNATURE | the | Hall | unt | -My | ATTENDING PHYSICIAN | MEDICAL DIRECTOR P | STAFF PHYSICIAN [| Prese | h 24/18/ | | |
| | | 22d. PHYSICIAN'S N | | | | ~ | 720 ADDRESS | יין זיווע ניט | a ahd wat | Da | 20007 | | |
| 3 | 22- 2 | Stepher | | | | Taza NIAME OF C | 3000 Dent | | | , D.C. | 20007 | | |
| | 230. 8 | SURIAL, CREMATION SPECIFY) Rurial | , KEMOVAL | 23b. DATE 3/28 | 187 | | Hill Cem. | | | COUNTY | STATE | | |

DHMH - 16 60M 7/B4 (VRA 15, 4)

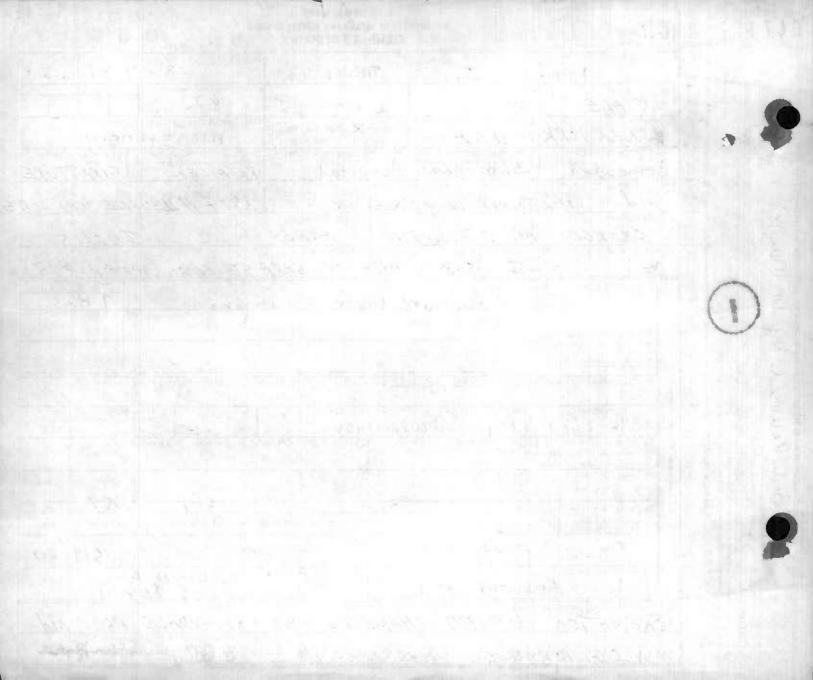
IMPORTANT: If frem 21 is marked or frem 18 shows any

24 FUNERAL DIRECTOR JOSEPH GAWler's Sons, Inc., NAM5130 WI Ave. NW Wash., DC 20016

250 ATE 30 DE 1987TRAR 256 REGISTRAR'S SIGNATURE

Heron ab, 1987 1:300 ed francis 0002 TT 1900 45 E William to the time model the tree all totals and garage and a 3016 CHARLES TO MOST TO ME TO THE TOTAL TO THE TOTAL TOTAL TO THE TOTAL X SOUTH THEY X 8: "" " 0 578-0-9562 Evolym S. Mil as once of two # 139ering to meren O.F. minor land the in ord Andrelsies erterioulerosia -MEGV on entire beart fallung; uninert infoction; them waive is uniformary Feb. 7 87 Mar. 24 87 ... AUGUS .1.1 , moderates . W. . 1 , Des Colf grade <u>fi</u>guration in the state of the Notes Takes the Com. although No. STEE TO A LEW TO SEEL STORY

| | 500 | | | | OF MARYLAND | | | |
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| J47187 MAR | 1)- STATE REGISTRAR | | DEP | | ALTH AND MENTAL HY | B I REG. NO | 0 8 | 8 5 9 |
| | 1. DECEASED NAME | FIRST | MIDDLE | LAS | 1 | | | YEAR 26 HOUR |
| nay be page 3 | TYPE OR PRINT) | HENRY | C, | 57 | EVENSON | | 3 - 7-8 | 87 12:30Am |
| ge 4 may | 3. SEX MALE | 4 RAC | Inite) | S. DATE OF | | 6. AGE IN YEARS LAST BIR | THDAY] IF UNDER | R 1 YEAR IF UNDER 24 HRS DAYS HOURS MIN. |
| or of the party of | 70 BIRTHPLACE (STATE | YORK | US A. | MARRIED WIDOWED | | BALTIMORE CITY O | + gome | |
| by the fi | Bethesd | 2 3 | AME OF HOSPITAL, NL | STREET ADDRESS) | 111 | 12a USUAL OCCUPATI (TYPE OF WORK FOR MOST O | F WORKING LIFE) INDI | KIND OF BUSINESS OR USTRY |
| AND 21: | 130. STATE | NURSING HOME OR OTHER IN 13b COUNTY MENTON | 13c CITY OR | 1 CHASE | 34. INSIDE CITY LIMITS? | 13e.STREET ADDRESS | ZIP CODE | = WAY 2081 |
| mpletely and 2 s | 14 FATHER'S NAME FIRST | GE MIDDLE | STEVE | USON | AGNES | AME MIDDLE | In | CLI'S |
| MORE, | 160 WAS DECEASED EN | VER IN U.S. ARMED FO | RDATES) | SECURITY NO. | 1 INFORMANT MRS. SAR | A STEVENS | , _ | AS#13) |
| s that the definition ST, BAI s that the definition of the state of th | Canditions, if a gave rise to couse [a), st underlying co | IMMEDIATE CAU Diony, which immediate dating the ause lost. | UE TO, OR AS A CONS (b) UE TO, OR AS A CONS (c) | EQUENCE OF | of aneu | MSm | | APPROXIMATE INTERVAL ETWERN ONSET AND DEATH 1 HRS S |
| Lease he law require on. hos been sign to permit. Then permit. Then permit one one prior to buy ows any injury. | PART 2 OTHERS | | b condition for wi | | | VES NODE | 20b. IF YES, WERE | |
| OFVITAL CLIAN: The physicia ph | | CAUSE OF DEATH | b. TIME OF INJURY HOUR A.M. MONTH P.M. | DAY YEAR | 21c. HOW INJURY OCCUR | RED (ENTERNATURE OF INJU | RY IN ITEM TB PART) OR F | PART 2) |
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| the hosp the hosp the hosp teached f detached f detached f tem 3 T. If Item 3 | 22b. SIGNATURE | us Kon | fell and | DE | GREE ATTENDING PHYSICIAN [| MEDICAL STAIL T DIRECTOR PHYSIC | F | 31187 |
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| of of shape | 230. BURIAL, CREMATIC | | | 23c NAME OF CE | METERY OR CREMATORY | 23d LOCATION | 2001 | |
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| E-0 / 102 | - 1 | - | No | | 515-18- | | Keith Stey | er so | on Same a | <u>s_13</u> | |
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| 2 1 11 | | | PART 2. OTHER SIGNIFICANT C | ONDITIONS | CONTRIBUTING TO | DEATH BUT | NOT RELATED TO THE | TERMINAL | DISEASE OR CONDIT | ION GIVEN | IN PART Logs |
| Paris | | NO. | | | 4 A 5 / E / 4 / | | | | | | |
| 0 1 1 1 1 | 7 | CERTIFICATION | 190. DATE OF OPERATION | 19b. CON | DITION FOR WHICH | H OPERATIO | N WAS PERFORMED | 20 | a AUTOPSY? 2 | Ob. IF YES, W | VERE FINDINGS USED |
| N 2 0 0 0 0 0 0 | 7 | E | | | | | | VE | S NOT | N CERTIFYIN YES T | NG CAUSES OF DEATH? |
| A COOL W | | 善 | 210. ACCIDENT WAS UNDERLYING | 216. TIME | OF INJURY | | 21c. HOW INJURY OC | _ | _ | - | |
| OF NCIAN B Phy B Phy Bernthic col-tre ntol H | Cong) | | OR CONTRIBUTING CAUSE OF DEA | | | DAY YEAR | | | erren rarone or proper s | THE TOTAL | T OAT MAT E) |
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| DIV Property of the party of th | | | AT WORK | | | 1 | | | 1 | | |
| Heo San F | | | 220 I certify that (1) (this hospit | | | h | 15 198 | | · March | 7 . 19. | 97, that 4 (we) last |
| Spring CTC CTC CTC CTC CTC CTC CTC CTC CTC CT | | | sow the deceased alive on above, (I) (wa) (did) (did as |) view the bac | ly ofter death. | 97 . or | id that in (my) (our) opi | nion death | occurred on the dote | and hour or | nd from the couses stated |
| OR bolkE | | | THAT INATURE 11 | 11 | 1 | | DEGREE | | | | 22c. DATE SIGNED |
| 4 5 0 5 | | 1 | Xaymond (2) | rakski | Eres, MA | | ATTENDIN PHYSICIA | | DICAL STAFF ECTOR PHYSICIAL | N D | Parch 7, 1987 |
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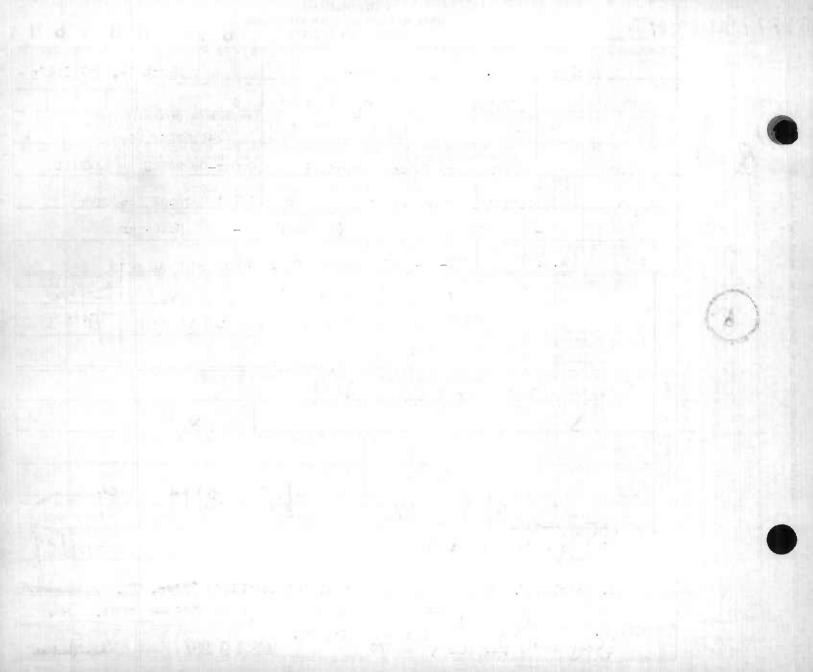
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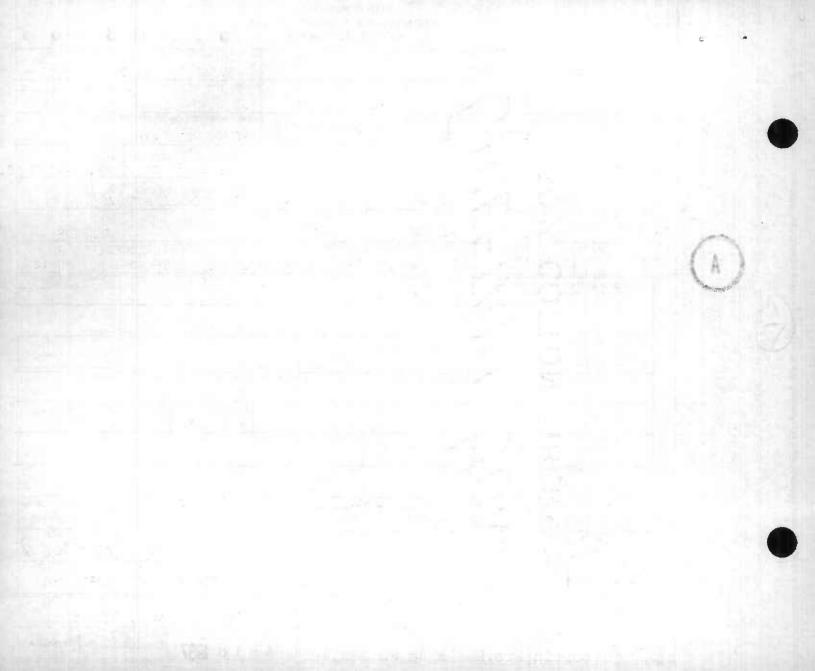
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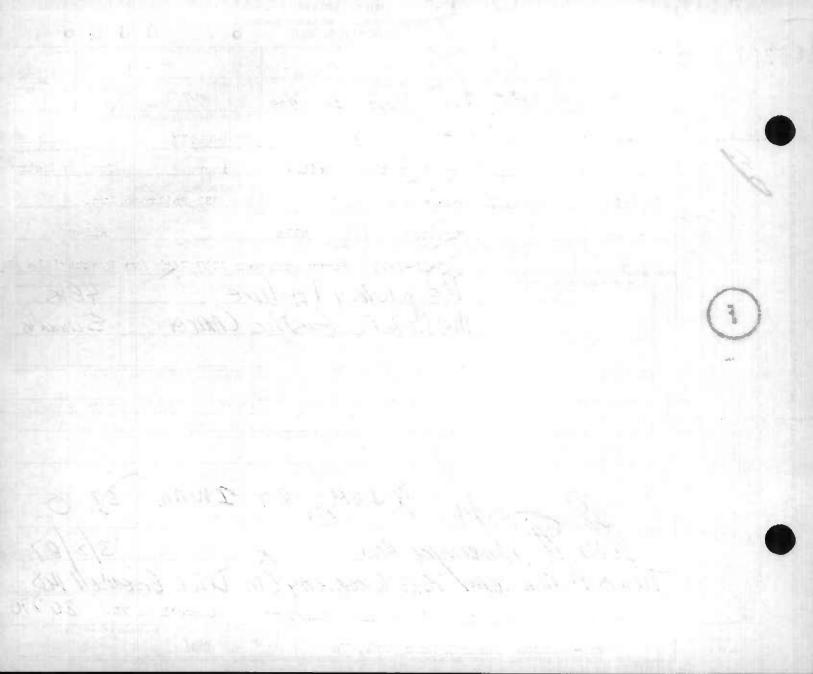


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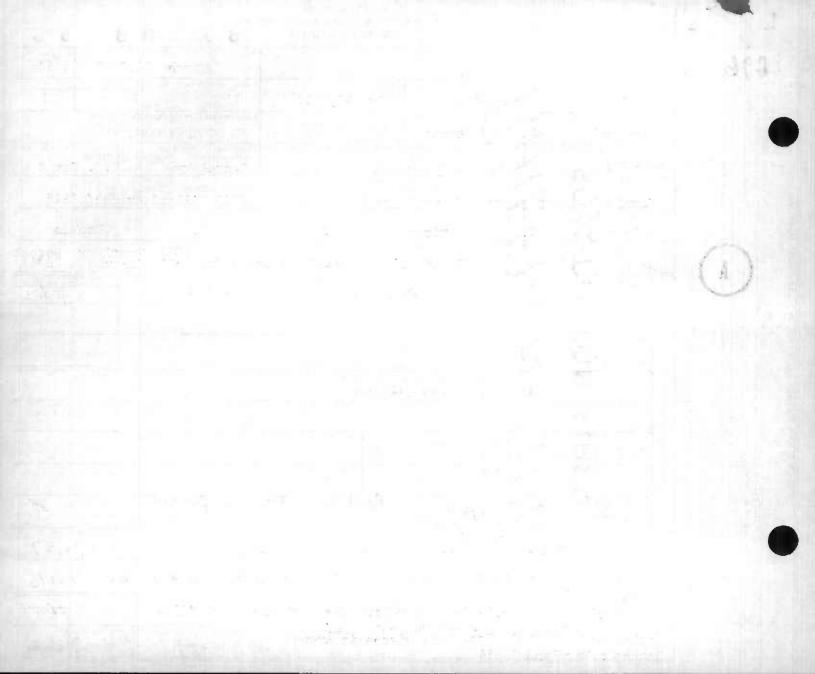
047694 MAR 19 STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR 20 DATE OF DEATH MONTH DECEASED NAME 2h HOUR LIYPE OR PRINTI ROBERT LEE STREAM MARCH 15, 1987 3:20 4 RACE 5. DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) 3. SEX IF UNDER I YEAR JULY 09, 1933 MALE CAUCASIAN TO BIRTHPLACE (STATE OR FOREIGN Th CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED MARYT AND UNITED STATES MONTGOMERY County WIDOWED DIVORCED | 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION D. CITY OR TOWN OF DEATH 17h KIND OF BUSINESS OR LTYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY BETHESDA NAVAL HOSPITAL HEAT/AIR OperatorDEF. MAPING AG USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13c CITY OR TOWN 136 COUNTY 13e STREET ADDRESS / ZIP CODE 13d. INSIDE CITY LIMITS? MD MONTGOMERY BETHESDA 4810 EDGEFIELD RD / 20814 4. FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE MIDDLE LAST HUBERT STREAM MARGARET Μ. **JENKINS** ADD4810 EDGEFIELD RD 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT 577-44-4623 LYNN FLETCHER STREAM, BETHESDA, MD 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY: CMATT CETT T SMALL CELL LUNG CANCER IMMEDIATE CAUSE (0) DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gove rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 190 DATE OF OPERATION 206. IF YES, WERE FINDINGS USED 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NOX NO [21a. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH HE EITHER NOTIFY MEDICAL EXAMINER PM 19 21d INJURY OCCURRED 21e PLACE OF INJURY 21f LOCATION AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OF TOWN COUNTY STATE NOT WHILE 220 1 **certify** that (1) (this hospital) attended the deceased from 09 MARCH sow the deceased olive on 15 MARCH 19 87 , and the above, (1) (we) (did) (find not) view the body after death. MARCH and that in (my) (aur) apinion death accurred on the date and hour and from the causes stated DEGREE 22c DATE SIGNED ATTENDING PHYSICIAN | DIRECTOR PHYSICIAN FUNERAL IMPORTANT 22d PHYSICIAN'S NAME ITYPE OF PRINT 22e ADDRESS should b T.A. DOWGEN, LT, MC, USNR NAVAL HOSPITAL, BETHESDA, MD 20814-5011 19, 1987 134 NAME OF CEMETERY OR CREMATORY Mt. Pleasant United 23a BURIAL, CREMATION, REMOVAL 23d. LOCATION Burial Taylorstown, Virginia Meth.Ch.Cemetery Pumphrey ase, Inc. Funeral Home 250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOROBERT DHMH - 16 60M 7/84 Bethesda-Chevy thesda-Chevy Chase, Inc. 57 Wisconsin Ave. Bethesda, MD 20814 was Landson-Hands (VRA 15, 4)



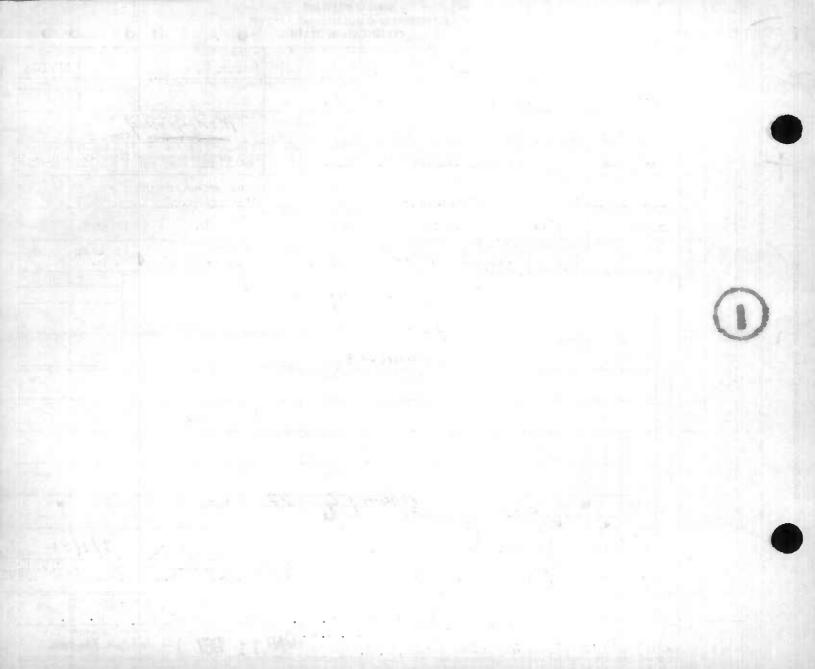
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG NO INDECEASED NAME 2a. DATE OF DEATH MONTH 26 HOUR LATYPE OR PRINT 0915AM 3. SEX 4 RACE 5. DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 24 HRS MONTH HOURS 909 TO BIRTHPLACE ISTATE OF FOREIGN BALTIMORE CITY OR COUNTY OF DEATH THE CITIZEN OF WHAT COUNTRY MARRIED NEVER MARRIED WIDOWED ADAMA DIVORCED [Montgomery 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 10. CITY OR TOWN OF DEATH 12h KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) LIYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY Miner Coal Industry Takoma Park Washington Adventist Hospital USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 131 COUNTY 13 CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS / ZIP CODE NOF Box 231 Railroad Ave. Virginia Tazewell Pocahontas FATHER'S NAME IS MOTHER'S MAIDEN NAME MIDDLE MIDDLE FIRST Ella Wilev fletcher Streeter ADDRESS IAN WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT LYES. NO OR UNKNOWN LIF YES, GIVE WAR OR DATEST Terry Streeter 4207 74th Ave Hyattsville MD 223-10-6875 No 18. CAUSE OF DEATH (Enter only one cause per line (1) (h), (b), and (c).)
PART I, DEATH WAS CAUSED BY. IMMEDIATE CAUSE (o Canditians, if any, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 19a DATE OF OPERATION 206 IF YES, WERE FINDINGS USED 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 20n AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NOTE YES [] 216. TIME OF INJURY 210. ACCIDENT WAS UNDERLYING 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (# EITHER NOTIFY MEDICAL EXAMINER) P.M 214 INJURY OCCURRED 211 LOCATION 21e. PLACE OF INJURY CITY OR TOWN COUNTY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STATE NOT WHILE !! 72x I certify that Ti Mhis hospital atter ur) apinian death occurred an the date and hour and and that in (my) (DEGREE ATTENDING PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS 23c NAME OF CEMETERY OR CREMATORY 23b DATE (SPECIFY) Bluewell W. VA. Restlawn Cemetery March 7, 198? Burial 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE DHMH - 16 60M 7/84 Ives-Pearson Funeral Home (VRA 15, 4) Arl. Va



STATE OF MARYLAND



| | | | STATE OF MARYLAND | | |
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| C MAD TO L | FOR STATE | DEPARTA | MENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH | 9 / | 08866 |
| D TIME I DO | REGISTRAR ECEASED NAME FIRST | MIDDLE | (AST | REG. NO | AONTH DAY YEAR 26 HOUR |
| | James | Homer | Swick | March 9 | 11.10a |
| 3. SE | | T4. RACE | 5. DATE OF BIRTH | 6 AGE (IN YEARS LAST BIRTH | UX / |
| 14 | Male | White | January 20, 1946 | 40 | MONTHS DAYS HOURS MIN. |
| 1 2 74 E | BIRTHPLACE (STATE OF FOREIGN | 76 CITIZEN OF WHAT COUNTRY? | 8 MARRIED NEVER MARRIED | 9. BALTIMORE CITY OF | |
| We See | est Virginia | USA | WIDOWED DIVORCED TO | Nondan | County MD. |
| 70 /10 0 | Bethesda | 11. NAME OF HOSPITAL, NURSIN Clinical Center | of Home or other institution ADDRESS IH Beth. Md | BOILER M. | |
| X 130. | STATE 135 COU | PROTHER INSTITUTION GIVE RESIDENCE BEFORE 134. CITY OR TOW Petersbu | YES NO 136. INSIDE CITY LIMITS? | 13e.STREET ADDRESS / | |
| A | omer FIRST Le | ee Swiick | Anna FRST | Tiddie Tiddie | MongoTd |
| | | RMED FORCES? 166 SOCIAL SECU 106 WAR OR DATES) 107 232-78-0 | | | • promer |
| | 18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS | inly one couse per line for (g), (b), and ED BY: ATE CAUSE (a) | IMONAM Arre | st | APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH |
| y injury, acother | | CONDITIONS CONTRIBUTING TO D | YHOM 4 DEATH BUT NOT RELATED TO THE TERM | | |
| THICA | 190 DATE OF OPERATION | 196 CONDITION FOR WHICH | OPERATION WAS PERFORMED | YES NOTE | 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO NO |
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| Med M | AT WORK | | ARM, ETC.) | | 3,412 |
| s 21 is marked | | pital) attended the deceased from | Ebymy 2, 10 87 | to March 9 | . 19_87, that (we) last te and have and from the causes stated |
| use Dept. of Health and | 22a I certify that (this hosp saw the deceased alive a above, (i) (we) (did) (1) 22b SIGNATURE | oital) attended the deceased from an March 9 19 8 | DEGREE ATTENDING PHYSICIAN | MEDICAL STAF | te and have and from the causes stated 22c DATE STENED 3/9/8+ |
| .th the State Dept of Health and DORTANI, If hem 21 is marked | 220 1 certify that (this hosp saw the deceased alive a above, (t) (we) (did) (| oital) attended the deceased from an March 9 19 8 | DEGREE ATTENDING PHYSICIAN | MEDICAL STAF | 19_87, that (we) lost te and have and from the causes stated |
| 230 MPDORT And III moved the move the m | 22a I certify that this hasp sow the deceased alive a above, (I (we) (did) (I 22b SIGNATURE) 22d PHYSICIAN'S NAME (TYPE PELO L. C. L. BURIAL, CREMATION, REMOVA | operation of the deceased from | DEGREE ATTENDING PHYSICIAN Center, 9000 NAME OF CEMETERY OR CREMATORY | MEDICAL STAFI DIRECTOR PHYSICI al Institute Rockville | te and have and from the causes stated 22c DATE SIGNED 3/9/8+ 25 Of Health, Clinic 2k. Bethesda, Md 208 PETERSBURG STATE |
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| nay be page 3 | | E OR PRINTI | 55. | Louis | Si | Wester. | 3 | 308 | 78.05 PM |
| ag. po | 3. St | | 4 RACE | THE P | 5. DATE C | | 6. AGE (IN YEARS LAST BIRTHDAY | | |
| 4 sets | 1 | Male | | ite | MONTH 4 | 20 07 | 79 | YRS. | ATS HOURS MIN. |
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| \$ 100 Th | | Conn. | u.s. | | WIDOWE | D DIVORCED | Montgome | Ly | MD. |
| - 1 | 4 | PLANT CONTOR | (IF NOT IN SE | ICH FACILITY, GIVE STREET | ADDRESS) | OR OTHER INSTITUTION | 120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WO | PRKING LIFE) 12b. KIN INDUST | ID OF BUSINESS OR |
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| BALTIMORE, MARYLAND 2120 cate be executed thin 23 to be specified and complete to be specified as the medical execution of the medical execution of the medical execution. | | state uryland | Montgomery | Wheaton | | 13d INSIDE CITY LIMITS? | 13 STREET ADDRESS / ZIF | i Road | 20902 |
| 1997 | 14. F | ATHER'S NAME | WIDDLE | LACT | | 15. MOTHER'S MAIDEN NA | ME | 1 | |
| W T TO ACC | | Louis | MIDDLE | Sylveste | r | Theresa | WIDDIE | De | eLalla |
| R S S S S S S S S S S S S S S S S S S S | | | U.S. ARMED FORCES? | | | 17. INFORMANT | ADDRESS | | |
| IMO TO | | YES, NO OR UNKNOWN) | W.W. II | 041 x 07- | 8677 | Mary Sylveste | er wife | same as | #13 |
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| ding orbo | | | | OR AS A CONSEQU | ENCE OF | | | | |
| he death ce he offendin emove corb emotion, or ir r froumotic | | Conditions, if any, | which ((b) | on As A conscop | ENGE OF | | | | |
| the of the compression of the co | | gove rise to imme | diote | OR AS A CONSEOU | ENCE OF | | | | |
| 1 W. that the by the dase real, cre | | underlying couse | last. | DK AS A CO145200 | EIACE OI | | | | |
| ugned been plear or your or a | Z | PART 2 OTHER SIGNI | FICANT CONDINIONS | ONTRIBUTING TO | DEATH BUT | NOT RELATED TO THE TERM | INAL DISEASE OR CONDITIO | ON GIVEN IN PAR | T 1co |
| DIVISION OF VITAL RECORDS, ING PHYSICIAN The law require of the service of the service of the service of the bride into the ond Mental Hygiene prior to be orked or them 18 shaws ony injury orked or them 18 shaws ony injury | CERTIFICATION | 1417 | Je My | Flome | 1 | | | | |
| REC low | 1 5 | 190 DATE OF OPERATE | IN - IN CONT | DITION FOR WHICH | OPERATIO | N WAS PERFORMED | 200 AUTOPSY? 200 | CERTIFYING CAU | ADINGS USED USES OF DEATH? |
| The The The Strong Stro | = = | 210. ACCIDENT WAS UNDE | RLYING 7 216. TIME (| OF INTUINA | | Tal. 11014 B.11104 C | YES NO | YES 🗌 | NO 🗌 |
| Physical Hand ph | | OR CONTRIBUTING CA | | .M. MONTH D | AY YEAR | 21c. HOW INJURY OCCURR | RED (ENTER NATURE OF INJURY IN | TEM 18 PART I OR PART | 2) |
| N OF ING P P Centro Principle P P P P P P P P P P P P P P P P P P P | MEDICAL | (IF EITHER, NOTIFY MEDICA | | P.M. | 19 | | | | |
| PHY rending this nd M | MED | | LIAT HOME ST | OF INJURY TREET, FACTORY, OFFICE, I | FARM, ETC.) | 211 LOCATION STREET | CITY OR TOWN | COUNTY | STATE |
| DIVISI | | AT WORK AT WORK | | | | 1 01 | 2.31 | 7 8 | 1 |
| END olo olo Ser Heo | | 220.1 certify that (1) (1 | his hospital) attended t | he de ged from_ | 871 | 19 |) , 10 | 19_0 | 1, that (I) (we) lost |
| ATT ATT OSPIN | | gboye'(i) (we igh | (did not) view thy wood | v uter death. | 7 | | death occurred an the date a | | |
| OR Poche DIR | | 776 AIGHATURE | 111 (11) | 11 111 | 0 | ATTENDING | MEDICAL STAFF | 22c DA | ATE SIGNEY, VM |
| SSPITAL overal overal overal overal overal overal overal overal | - | 228 PHYSICIAN'S NAM | 00.900 | anjung | 7 | PHYSICIAN | PHYSICIAN | | >)/10/ |
| HOSPIT, pined by FUNER, buld be d th the Sto | | | | V | | 22e ADDRESS | 1 | | |
| TO HOSPITA retained by TO FUNERA should be de with the Stot MAPORTANT | | | . Mahoney, | | | | ia Ave., Silve | er Spring | Md. 20902 |
| | 23a | BURIAL, CREMATION, R (SPECIFY) | EMOVAL 236. DATE | | | EMETERY OR CREMATORY | 23d LOCATION | COUNTY | STATE |
| BP | _ | Burial | Apr. | | | coln Cemetery | | | |
| DHMH - 16 60M 7/84 | 24 F | UNERAL DIRECTOR | Francis J. | Collins | Jr. | 25a DATI | | | |
| (VRA 15, 4) | 5 | | tu Blud Wo | | | ing Md. IAPK | - 6 1987 July | ia Dividerni | Conductor |

ADD 6 1987

| ST | ATE | OF | MARYLA |
|----|-----|----|--------|
| | | | |

| | 1 | STATE | | DEPARTM | | EALTH AND MENTAL HYG | IENE | | | | |
|----|---------------|---|---------------------|--------------------------|--------------|--|--------------------------|---|----------------------|---------------------------------------|--|
| | ' | REGISTRAR | | | CERTIF | ICATE OF DEATH | 8 REG. N | 0 | 0 8 | 8 6 8 | |
| | | CEASED NAME A FIRST | , | MIDDLE | 1 | AST TZA. | 20. DATE OF DEATH | MONTH | DAY YEAR | 26. HOUR | |
| | JAME. | ONPRINTI | Pal | C 1 | 10 | nnog I | | 2 | 5-87 | 12500 | |
| | 3. SE | 1 VURI | 4. RACE | - | 5 DATE O | OF BIRTH | 6. AGE (IN YEARS LAST BE | RIHDAYI | IF UNDER I YEAR | R IF UNDER 74 HRS | |
| | | Mala | | | MONTE | | | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | MONTHS DAYS | | |
| | | 11 acc | White | | 3 | 16 19 | 67 | YRS. | | | |
| 7 | | RTHPLACE (STATE OR FOREIGN COUNTRY) | 76. CITIZEN OF | WHAT COUNTRY? | 8. MARRIE | D NEVER MARRIED | 9 BALTIMORE CITY | R COUNT | Y OF DEATH | | |
| | | | | | WIDOWE | | Montgomer | ry Cor | County | | |
| - | 10. CI | TY OR TOWN OF DEATH | | HOSPITAL, NURSIN | | OR OTHER INSTITUTION | 120. USUAL OCCUPAT | ION | 12b. KIND | OF BUSINESS OR | |
| | C | ilver Spring | | Cross Ho | | | (TYPE OF WORK FOR MOST | OF WORKING | LIFE) INDUSTRY | ľ | |
| | USU | AL RESIDENCE (IF NURSING HOME OF | ROTHER INSTITUTION, | | | | | • | | | |
| | 13a. S | TATE 13b. COU | | 13c. CITY OR TOW | | 131. INSIDE CITY LIMITS? | 13e.STREET ADDRESS | | | | |
| 1 | 14 EA | Md. Mtg. | , | Rockvil | le | YES NO | 13216 Sur | <u>perio</u> | r St. | 20853 | |
| 1 | 14. FA | FIRST | MIDDLE | LAST | | 15. MÖTHER'S MAIDEN NAV FIRST | WE | | L/ | AST | |
| | | VAS DECEASED EVER IN U.S. AF | | 16h. SOCIAL SECU | RITY NO. | 17. INFORMANT | ADDR | ESS | | | |
| | | res, no or unknown) (if yes, gr Unkn | VE WAR OR DATES) | 579-12-0 | 926 | Mrs. Trma T | 2222 | .mo 2 | ~ #12 | | |
| | | 18 CAUSE OF DEATH (Enter or | 1 | | | Mrs. Irma T | anner - Sa | me a | S #13 | DXIMATE INTERVAL N ONSET AND DEATH | |
| | | PART I. DEATH WAS CAUSE | | 1.0.6. | 1. | E C . O. | | | - BETWEEN | 8 | |
|) | 100 | IMMEDIA | TE CAUSE (0) | venen | CUICI | They cerus | h | | 50 | Oni | |
| • | | | DUE TO, OF | R AS A CONSEQUE | NCE OF | 000 | , | | 5 | -d | |
| | | Conditions, if ony, which gove rise to immediate | (ıb) | acute n | 100 | rdid refere | tron | |) | , -(| |
| | | couse (a), stating the | DUE TO, OF | R AS A CONSEQUE | NCE OF | 1 | | | | 4 65 | |
| | - | underlying cause last. | ((c) | Coroner | 700 | ery dislesse | 2 | | 7 | en s | |
| | | PART 2 OTHER SIGNIFICANT | CONDITIONS CO | ONTRIBUTING TO D | ATH BUT | NOT RELATED TO THE TERM | INAL DISEASE OR CON | DITION G | IVEN IN PART I | lio | |
| | O I | chronic ob | struch | e orland | nen | disease. | Cercinois | tu | nor of h | ، جسل | |
| 7 | AT | 190 DATE OF OPERATION | | TION FOR WHICH | OPERATIO | N WAS PERFORMED | 200 AUTOPSY? | 20b. IF Y | ES, WERE FIND | INGS USED | |
| 1 | F | | | | | | YES TO NOTO | | TIFYING CAUSE YES | ES OF DEATH? | |
| 3 | CERTIFICATION | 210. ACCIDENT WAS UNDERLYING | | | | 21c HOW INJURY OCCUR | 900 | | | | |
| P. | | OR CONTRIBUTING CAUSE OF DE | AIR | M. MONTH DA | | | | | | | |
| | MEDICAL | (IF EITHER NOTIFY MEDICAL EXAMINE) 21d INJURY OCCURRED | P./ 21e. PLACE (| | 19 | ZII LOCATION | | | | | |
| | ME | WHILE NOT WHILE | | RET, FACTORY, OFFICE, FA | ARM, ETC) | STREET | CITY OR TO | NWC | COUNTY | STATE | |
| | | AT WORK AT WORK | | | | | 4- | - | | | |
| | | 27a 1 certify that (1) (this hasp | - 11 | e deceased from | Typis | The state of the s | to Much | .5 | 198 | , that (1) (we) lost | |
| | | saw the deceased alive or above, (I) (| at view the body | ofter death. | , 01 | nd that in (my) (and opinion o | death occurred on the d | ate and ha | our and from the | e couses stated | |
| | | 276 SIGNATURE | 11 | 1). | 0 | DEGREE | | | 220 DATE | E SIGNED | |
| | | 11 Ulaked | 4 hr | rad U | | ATTENDING PHYSICIAN | MEDICAL STA | | 13/5 | 187 | |
| 1 | | 284 PHYSICIAN'S NAME (THE | (Tentes in | | | 22e. ADDRESS | | | 10/0 | | |

MICHAEL A. LINCOLN MID 23s. BURIAL, CREMATION, REMOVAL 23b. DATE

13c. NAME OF CEMETERY OR CREMATORY

10313 Georgia Ave Suite 308 Silver Spring Md. 20902

3--6-87

23d. LOCATION CITY OR TOWN COUNTY

STATE

24 FUNERAL DIRECTOR

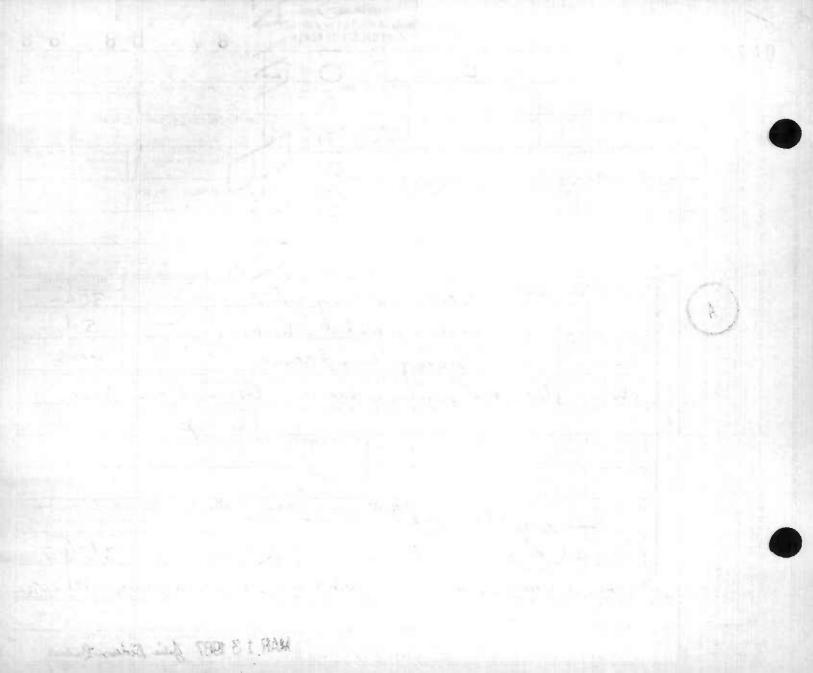
(SPECIFY)

State Anatomy Board

Removal

Balto., Md.

DHMH - 16 60M 7/84 (VRA 15, 4)



STATE OF MARYLAND

LAST

TAYLOR

3.

13d INSIDE CITY LIMITS?

15. MOTHER'S MAIDEN NAM

Cora

NO [

MARRIED NEVER MARRIED

1921

5. DATE OF BIRTH

MONTH

WIDOWEDT

NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION

MARCH

DEPARTMENT OF HEALTH AND MENTAL HYGIE CERTIFICATE OF DEATH

| 8 REG. NO. O | 8 8 | 6 | 9 |
|--|------------------------------------|-----------|--------|
| a DATE OF DEATH MONTH DAY | YEAR | 2b. HOL | JR |
| MARCH 5, 1987 | | 1:0 | 0P M |
| | UNDER I YEAR | IF UNDER | 24 HRS |
| 66 YRS | JA73 | TIOURS | Miles, |
| BALTIMORE CITY OR COUNTY OF | FDEATH | -17 | |
| MONTGOMERY COUNTY | , | | MD. |
| to. USUAL OCCUPATION TYPE OF WORK FOR MOST OF WORKING LIFE) Sales Clerk. | 126. KIND OI INDUSTRY Peop 1 | | |
| STREET ADDRESS / ZIP CODE | 102 | 20 | 783 |
| MIDDL€ | A1t | | |
| AD 50 HOWAR | D AVE | NUE | |
| TAYLOR ROCKVILLE | , MD | 2085 | 0 |
| | BETWEEN | MATE INTE | DEATH |
| | 7 YE | ARS | |
| | | | |
| | | | |

| | IN U.S. ARMED FORCES? | 235-32-6950 | MR. JAMES | Ε. | TAYLOR | ROCKVILLE | D AVENUE , MD 20850 |
|---|---|-----------------------|-----------|----|--------|-----------|--|
| DARTI DEATHM | H (Enter only one couse per AS CAUSED BY: IMMEDIATE CAUSE (a) | | | | | | APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 7 YEARS |
| Conditions, if any, gave rise to imm cause (a), statin underlying cause | which (b) | R AS A CONSEQUENCE OF | | | | | |

YES [

710 ACCIDENT WAS UNDERLYING 216 TIME OF INJURY HOUR A.M. OR CONTRIBUTING T CAUSE OF DEATH

MONTH DAY YEAR P.M.

21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE FARM, ETC.)

211 LOCATION

22e ADDRESS

CITY OF TOWN

NOX

COUNTY 87

20b. IF YES, WERE FINDINGS USED

YES [

IN CERTIFYING CAUSES OF DEATH?

STATE

NO I

LIF EITHER NOTIFY MEDICAL EXAMINER

NOT WHILE

190 DATE OF OPERATION

21d INJURY OCCURRED

77b. SIGNATURE

Buria1

no.

19.87

196 CONDITION FOR WHICH OPERATION WAS PERFORMED

ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN

to_MARCH

and that in (my) (aur) apinion death accurred on the date and have and from the causes stated

20a AUTOPSY?

216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2)

22c DATE SIGNED 03/05/87

22d. PHYSICIAN'S NAME (TYPE OF PRINT)

Hines/Rinaldi Funeral Home

230 BURIAL CREMATION, REMOVAL

VIALLET, SEAN

236 DATE

3-9-1987

220.1 certify that X (this haspital) attended the deceased from, saw the deceased alive an MARCH 5

obove, M (we) (did) pent box view the bady after death.

73c NAME OF CEMETERY OR CREMATORY

APRIL

DEGREE

Maple Hill Cemetery

23d LOCATION Petersburg

W. SIAWa.

DHMH - 16 60M 7/84

MPORTANT

should b

(VRA 15, 4)

BP

24 FUNERAL DIRECTOR

CERTIFICATIO

MEDICAL

FOR

STATE

I DECEASED NAME

LIYPE OR PRINTI

3 SEX

REGISTRAR

FEMALE

BIRTHPLACE ISTATE OR FOREIGN

West Virginia

O CITY OR TOWN OF DEATH

BETHESDA

MARYLAND

14. FATHER'S NAME Albert FIRST

4. RACE

USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) Pr. Georges

JANE

76 CITIZEN OF WHAT COUNTRY?

(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)

NIH, THE CLINICAL CENTER

13c. CITY OR TOWN

Landes

HYATTSVILLE

WHITE

USA

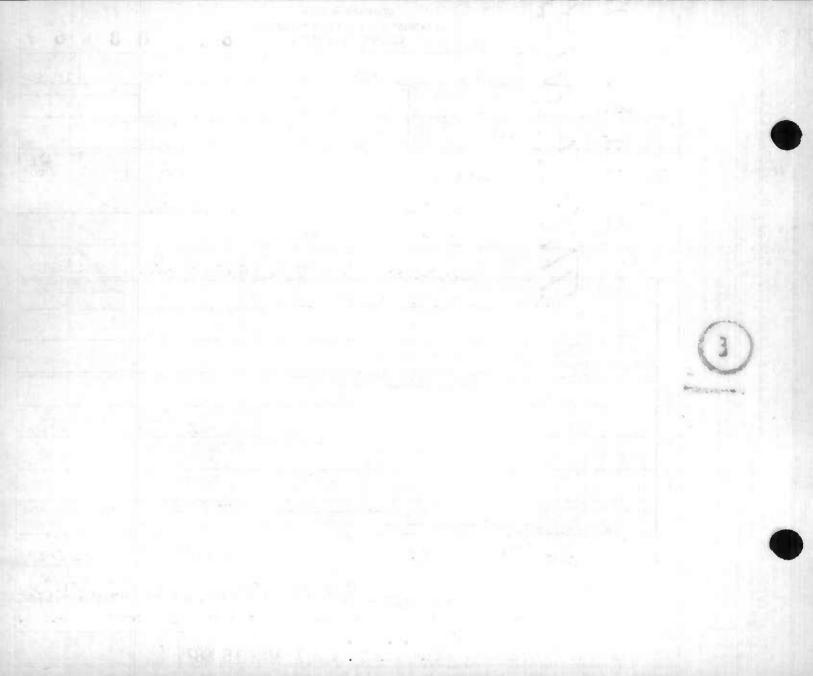
GOLDIE

11800 N.H. Ave.

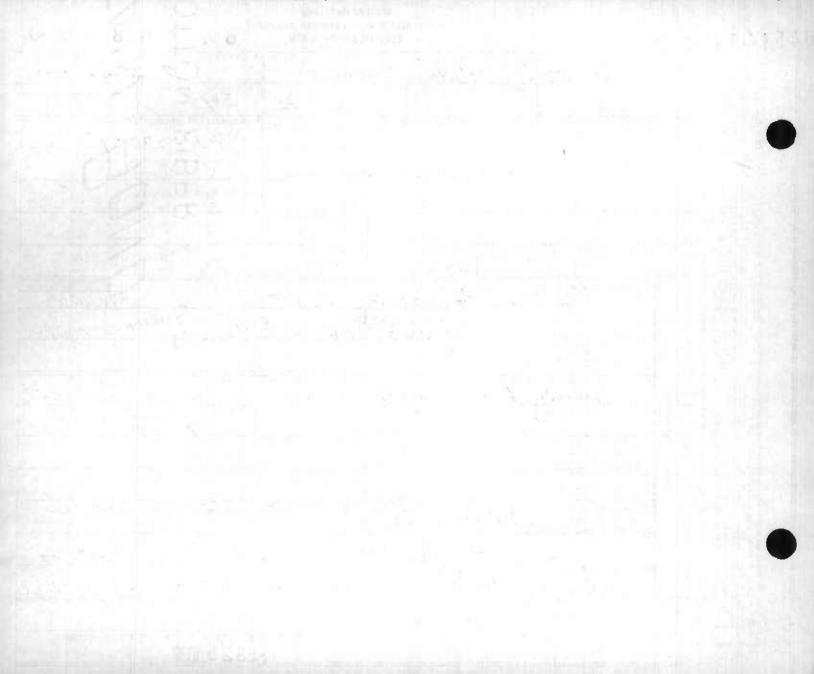
Sil. Spr. Md.

CHNCER

250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE



| | | - 1 | | | | | STAT | OF MARYLAND | | | |
|--------------------------------|--|-------|---------------|--|------------------------|----------------------|-------------|-------------------------------|--|---|-------------------|
| 1. E | 110 000 | | 1- | FOR STATE | | DEPART | | EALTH AND MENTAL HY | GIENE | 088 | 70 |
| 4 3 | 1 4 3 1 EB | 21 | 87 | REGISTRAR | | | | ICATE OF DEATH | REG. NO. | 0 0 0 | |
| | e w.e | | | CEASED NAME FIRST POPERINT) | lyin " | Wayn | e , | ^{AST} Thomas | 20. DATE OF DEATH MONI | 0 00 | hour |
| | moy be poge 3 er death | | | HLVI | V | NAYNE | T | OMAS | 6. AGE (IN YEARS LAST BIRTHDAY | 20 81 | 10:50 AM |
| | or. p | | 3 SEX | | 4. RACE | | 5. DATE C | DAY YEAR | 84-4 | | HOURS MIN. |
| | oge ours o | 2 | 1 | Male | Bla | | 6 | 30 52 | | YRS | 5-1 |
| | P. P | 16 | C | RTHPLACE (STATE OF FOREIGN OUNTRY) | 76 CITIZEN OF V | | ? MARRIE | NEVER MARRIED | 9 BALTIMORE CITY OR CO | | |
| | 1 11 3 | 4 | | ennsylvania | United | | WIDOWE | | 1707TGO | | |
| | 12:10 | ν | | / | | FACILITY, GIVE STREE | ET ADDRESS) | OTHER INSTITUTION | (TYPE OF WORK FOR MOST OF WOR | RKING LIFE) INDUSTRY | BUSINESS OR |
| 201 | 110 | | | lver Spring L RESIDENCE (# NURS) | HOLY | CROS | | DSPZTAL | Bell captain | . Hote | |
| MARYLAND 21 | 27 27 9 | 1 | lo. S | TATE TATE | | 13. CITY OR TO | WN | 13d. INSIDE CITY LIMITS? | 13e.STREET ADDRESS / ZIP 4348 River R | cope oad, NW | 20016 |
| KYL/ | 1 13 / | 11/ | 4 FA | THER'S NAME | MIDDLE | LAST | | 15. MOTHER'S MAIDEN NA | AME | LAST | |
| WA | P 11/1 | 11 | | Alvin | mode | Thoma | S | Cynthia | | Irv | ing |
| шî | 9 9 9 | 6 | lée W | AS DECEASED EVER IN U.S. AR | MED FORCES? | 166 SOCIAL SEC | URITY NO. | 17 INFORMANT | 2038 18th | Street Na | |
| W. PRESTON ST., BALTIMOR | 1 | 5 | | es, no or unknown) (IF YES, GIV | TE WAR ON DATES! | 174-42- | 8906 | Harold Burr | is, Washingto | n. DC 2000 | 9 |
| SALT | 8 840 5 | | | 18 CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE | ly one cause per | far (a), (b), a | ind (çs.) | | | APPROXIMA BETWEEN ON | ATE INTERVAL |
| 12 | 100 | | | | ID BY: TE CAUSE (0) | Resperie | ton | 1 arrest | | MINU | ites |
| N C | nding corbic or n | 70 | Н | | DUE TO, OR | AS A CONSEC | WENCE OF (| 1 | W 1 JANE | Rome and | 1 - 10 |
| EST | deoth ce ottendin nove corb otion, or i | | | Conditions, if ony, which | ((b) | 17 gu | ux. | LMMUNE 1 | Ufrenery | ONE | JEAR. |
| P. P.R. | the re- | | -9 | gave rise to immediate cause (a), stating the | DUE TO, OR | AS A CONSEQ | UENCE OF | | 0 | | |
| | that d by eose ol, c | | | underlying cause last. | (c) | | | | V | | |
| DIVISION OF VITAL RECORDS, 201 | signer plane plane. | | 7 | PART 2 OTHER SIGNIFICANT | 0 | NTRIBUTING TO | DEATH BUT | / / | | NGIVEN IN PART TO | |
| ORD | requestration or to | | 101 | Hestory | | umoc | 1 4 1/1 | Caren | | | rsere |
| REC | hos be | 7 | CERTIFICATION | 190 DATE OF OPERATION | 196 CONDI | ION FOR WHIC | H OPERATIO | N WAS PERFORMED | i IN | . IF YES, WERE FINDING CERTIFYING CAUSES C | OF DEATH? |
| TAL | To a so de | 二 | RTI | A. A.C. DEAT WAS AND DESIGNATION FOR | 7 21b. TIME OF | - In I I I I I I | 1000 | 131. HOW BILLING COLUM | YES NO NO | YES 🗌 | NO [] |
| > 7 | SICIAN: 19 physicertification in control of them 18 in the interval in th | 1 | - | 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE | | A. MONTH | DAY YEAR | ZIC HOW INJURY OCCUI | RRED (ENTER NATURE OF INJURY IN I | EM 18 PART (OR PART 2) | |
| OZ | | | MEDICAL | (IF EITHER, NOTIFY MEDICAL EXAMINED | P.A. | | 19 | 211 LOCATION | 12-1-2-080-0 | | |
| ISIO | I c c - o | | MEC | | | ET, FACTORY, OFFICE | FARM ETC) | STREET | CITY OR TOWN | COUNTY | STATE |
| 20 | OING P or offer the e as the olth and marked, | | | AT WORK AT WORK | | 1 - 11 | TOB | 1/ | TPR 30 | | |
| | OR. OR. | | | 220 I certify that (I) (this hosp saw the deceased alive an | 10.0 - | | 87 | nd that in (my) (aur) apinior | death accurred on the date a | | nat (I) (we) lost |
| | ATT lospi ed fo on 2 | | | above, (1) (we) (did) (did no | it) view the bady | itter death. | | DEGREE | | 22¢ DATE SI | |
| | the the trach | | | The state of the s | in A | hall. | n M | ATTENDING | MEDICAL STAFF | En/2 | 101 |
| | HOSPITAL ned by the FUNERAL old be det to the State | 1 | | 22d PHYSICIAN'S NAME (TYPE | OR PRINT) | 1170 | | 122e ADDRESS | DIRECTOR PHYSICIAN | 1901-0 | 20000- |
| | etoined by TO FUNER should be o with the Ste | 1 | | JAMES 1 | | FER | | 1611 N Ca | PUTAL ST NE | WASHING | trail De |
| | TO HO Should with the MAPO | 1 | 23a B | URIAL, CREMATION, REMOVAL | | | NAME OF C | EMETERY OR CREMATORY | 23d LOCATION | 01121117 | - OIO DC |
| GAI | 7 BP GG | | (1 | Cremation | 2-21-8 | | | tan Crematory | Alexandria, | Virginia | STATE |
| 1119 | 111 | - | 24 FU | | | | | | TE REC'D. BY REGISTRAR 25b. F | REGISTRAR'S SIGNATU | RE |
| 1 | DHMH - 16 69M 7/B (VRA 15, 4) | 14 | 180 | DA T Street, NW | , Washir | aton, D | C 200 | | FFR 2.5 1987 | Alia Paritie | n. milais |



| F 0 0 | 1 1 100 | 1 . | *** | | | OF MARYLAN | | | | | |
|------------------------------------|--|---------------|---|-------------------------------|-------------------------|----------------------|----------------------|--------------------------------|--------------|--------------|-----------|
| 500 | APR I | 018 | FOR STATE | | RTMENT OF HE | | | | 0 | 3 7 | 1 |
| | | | REGISTRAR | | AL EXAMINER | S'S CERTIFIC | CATE OF DE | ATH REGISC | . 8 | 8/ | 1 |
| | | | CEASED NAME FIRST | MIDDI | I.E | LAST | | OF ESTI- | MONTH | DAY YEAR | 76 HOUR |
| | Y DELAY IS NECESSARY, PLEASE ITO THE FUNERAL DIRECTOR. AND PAGE 5 FOR YOUR FILES, DEFILED, WITHIN 72 HOURS PROS, 2011 W. PRESTON STREET, | | Samue | el Alex | ander | Thomas | , m | DEATH MATED | 3/ | 15/19 87 | M |
| | A CE SE | 3 SE. | 4. RACE | 5. DATE OF BIRTH | 6 AGE (IN YEARS | | IF UNDER 24 HRS. | 2c. DATE | MONTH | DAY YEAR | 24 HOUR |
| | N S | 0 | m B | | 2 44 YRS. | MONTHS DAYS | HOURS MIN. | PRONOUNCED DEAD | 3/ | 15/19 87 | P M |
| | AL AL | 7a B | RTHPLACE (STATE OR | 76. CITIZEN OF WHAT CO | OLINTRY? | | | 9. BALTIMORE CITY O | | | IРм |
| | SHOW THE STATE OF | FC | WEIGN COUNTRY] | 110 | | MARRIED MEN | | 10 mm | - | | |
| | ZEN S | ID.C | ITY OR TOWN OF DEATH | 11. NAME OF HOSPITAL | | DOWED L | DIVORCED L | Montgomer UAL OCCUPATION (TYPE | | NCY, | MD. |
| 4 | PHA BAN | 1 | | HE NOT IN SUCH FACILITY OF | IVE STREET ADDRESS) | K OTTLK II43THO | | MOST OF WORKING LIFE) | OF WORK | OR INDUST | RY |
| (| #55 #8 | 11011 | Silver Spring | 12141 Geor | | | | 7 | | | |
| 102 | ANY DE | 13a. S | TATE 1136. COUN | TY 13c. | CITY OR TOWN | 13d INSIDE CI | TY LIMITS? 13e STE | REET ADDRESS | | 209 | * 1 |
| 21201 | A NECESTA | | ma mo | Lumostn | Librar D | YES X | NO 🗆 | · I. Que | · Ja | nuna | 02 |
| 201 W. PRESTON SP., BALTIMORE, MD. | ENERGY. | 14. F. | ATHER'S NAME | WIDDLE | IAST | 15. MOTHE | R'S MAIDEN NAMI | MIDDLE | 1 | LAST | |
| m) | EATH. | | Dannersh | Ol adam la | Thomas | m al | 1.000 | Find AL | no di | 1000 | |
| Q. | 通常で、マ | 160 | WAS DECEASED EVER IN U.S. AR | MED FORCES? 16b. | SOCIAL SECURITY N | O. TO INFORM | MANT | ADDRESS | a low | 10037 | |
| 信 | SAFIT | 6 | ES, NO, OR LINKINGWH) (# YES, GIVE | WAR OR DATES) | 15-44-50 | 44 11 | . 11. | 110 | 01 0 | 4~4 | 010 |
| 12 | SOFT | | 18 CAUSE OF DEATH (Enter on | | 1- | 111 20 1/2 | 10 mars | 11 comen 1 | 06 | APPROXIMATE | INTERVAL |
| 5 | | | | | | TTe ma a set a se | | 22 2 | | BETWEEN ONSE | AND DEATH |
| O | 24 HOU ITEM 18 LONG 1 PERMIT GIENE | | IMMEDIA | TE CAUSE (Arterio | | Hyperter | isive car | <u>alovascular</u> | Dise | ase | |
| EST | ZZYEZZ | | Conditions, if any, which | DUE TO, OR AS A | CONSEQUENCE OF | | | | | | |
| <u>e</u> . | ENCIL IN IT MINER ALC MINER ALC TRANSIT P INTAL HYG OR REMOV | | gave rise to immediate | (b) | | | | | | 4119.00 | |
| 3 | UTED WITHI EXAMINER SEL - TRANS D MENTAL HON, OR REA | | couse (a) stating the <u>under</u> - lying couse last. | DUE TO, OR AS A | CONSEQUENCE OF | | | | | | |
| . 20 | | | | (c) | | | | | | | |
| DIVISION OF VITAL RECORDS, | D BE EXECTENDING" MEDICAL AS A BUR EALTH AND CREMATIC | | PART 2 OTHER SIGNIFICANT CONDITIONS | CONTRIBUTING TO DEATH BUT NOT | RELATED TO THE TERMINAL | DISEASE DR CONDITION | GIVEN IN PART 1 a. | | | | |
| 0 | S A S A S A S A S A S A S A S A S A S A | O | Diabetes Mell | itus | | | | | | | |
| er m | OULD "PEI HEF N JSED A ST HEA | 1 \$ | 190 DATE OF OPERATION | 196 CONDITION F | OR WHICH OPERATI | ON WAS PERFOR | MED? | | | 20 AUTOPSY? | |
| ₹ | SHOUL CHIEF TOF H BURIAL | E | | | | | | | | YES 🔯 | NO [] |
| > | S GRTIFICATE SHOULD RITING THE WORD "PER RDED TO THE CHIEF AN E 3 SHOULD BE USED A E DEPARTMENT OF HEAD OI PRIOR TO BURIAL, O | CERTIFICATION | 210 EXTERNAL CAUSE WAS | 216 TIME OF INJUI | RY | 21c HOW INJURY | OCCURRED JENTER | NATURE OF INJURY IN ITEM 18 P | ART LOR PART | 43 | NO [] |
| 0 | A HOUSE | | UNDERLYING OR | | TH DAY YEAR | | | | | ** | |
| S S | PAST SE | MEDICAL | CONTRIBUTING CAUSE OF I | 21e PLACE OF INJ | 19 | II. LOCATION | | | | | |
| 2 | DE SE | ME | WHILE NOT WHILE | STREET FACTORY FA | | STREET | | CITY OR TOWN | COUN | MIA | STATE |
| | AAAAE C | | WHILE NOT WHILE I | | | | | | | | |
| | NER: THIS CERTI CATE, WRITING FORWARDED 1 TOR: PAGE 3 54 THE STATE DEPA AND, 21201 PRIC | 100 | 220 I certily that I taak charg | e of the remains described | abave, held on | Autopsy X | Inspection . | Inquiry . and | d in my opir | nion | |
| | NOT SEE | | | ol could K Acod | | | | termined manner . | у ор | | |
| | SERTING BENEFIT AND BENEFIT AN | | - | AV al | | TITLE (SF | | commed manner | | | |
| | A STORES | 15 | ACTUAL | MV | | | sistant MED | | DATE | 3/16/ | 07 |
| | SEA SEA | | SIGNATURE | V | PER LUCIO | M.DASS | SISLAIIL MED | OICAL EXAMINER | SIGNED | 3/10/ | 8/ |
| | NO SECTION AND AND AND AND AND AND AND AND AND AN | | EXAMINER'S NAME (TYPE OR PRINT) Gree | ory R. Kauff | man M D | 7 | 111 De | 01 | | | |
| | TO MEDICAL EXAMINER: T EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORM. TO FUNERAL DIRECTOR: P AFIER DEATH, WITH THE ST BALTIMORE, MARYLAND, 2 | 22- 0 | URIAL, CREMATION, REMOVAL 2 | | | ADDRESS | | nn St. | | | |
| | | (30. b | PECIFY) | /- /- | 3c. NAME OF CEMET | ERT OR CREMATO | | OCATION | COUNT | Y ST. | ATE |
| 07/84 25M | BP | 24.5 | UNERAL DIRECTOR | 3/24/87 | Molm | محدر | Of DAYS DECIDE | Louis Ro | house | 5 | al |
| | DHMH - 17 | 10 | NAME AT 1 | ADDRESS | 00 | me to Uni | APR OF THE PEC'D. BY | 9 1987 250 REGIS | TRABSISIO | NATURE | 127 |
| | (VR A15 ME (5)) | 1 | Jerre Cran | 1 theuth | - 10. BE6 | 06 4 | | 0 | | 7 | |

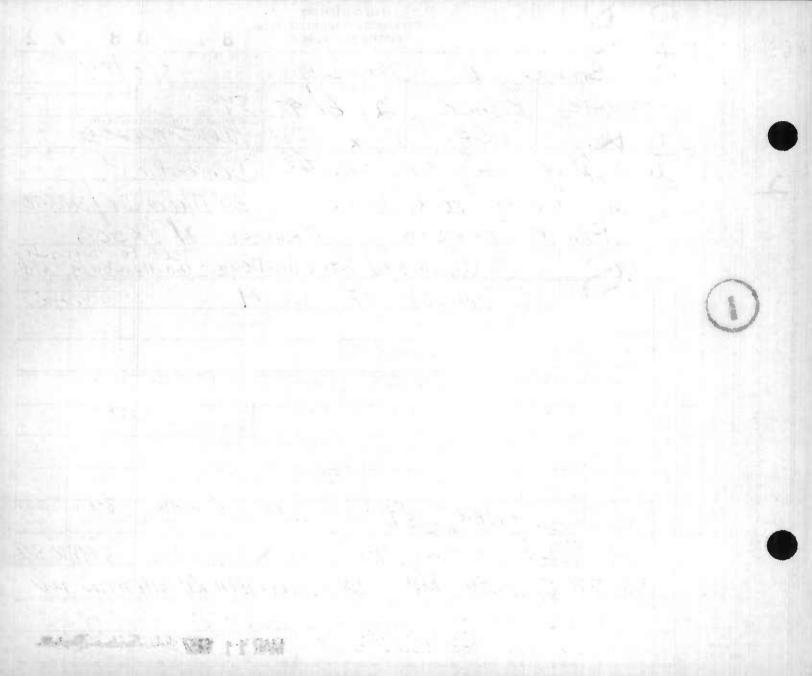


Table 1-1 10 0 2 222 July 2000

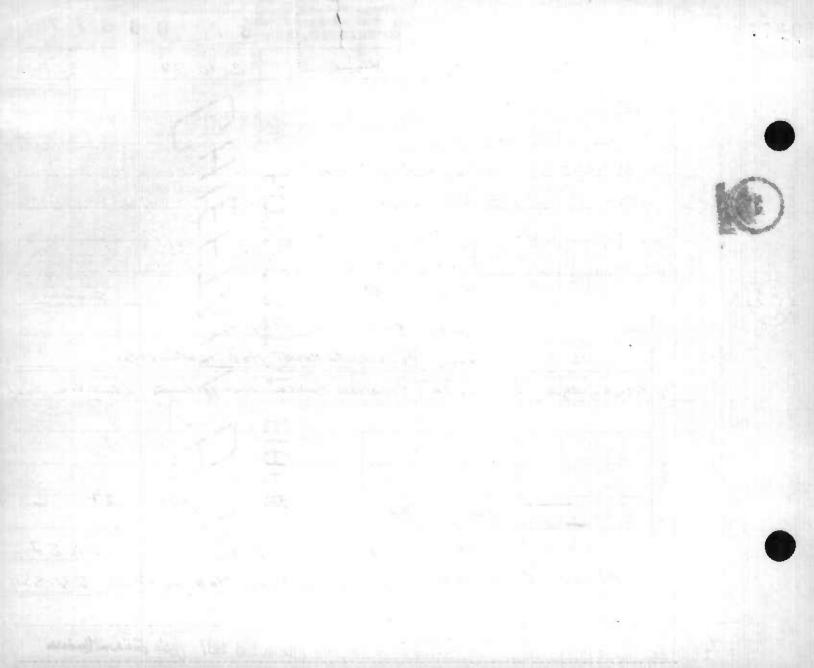
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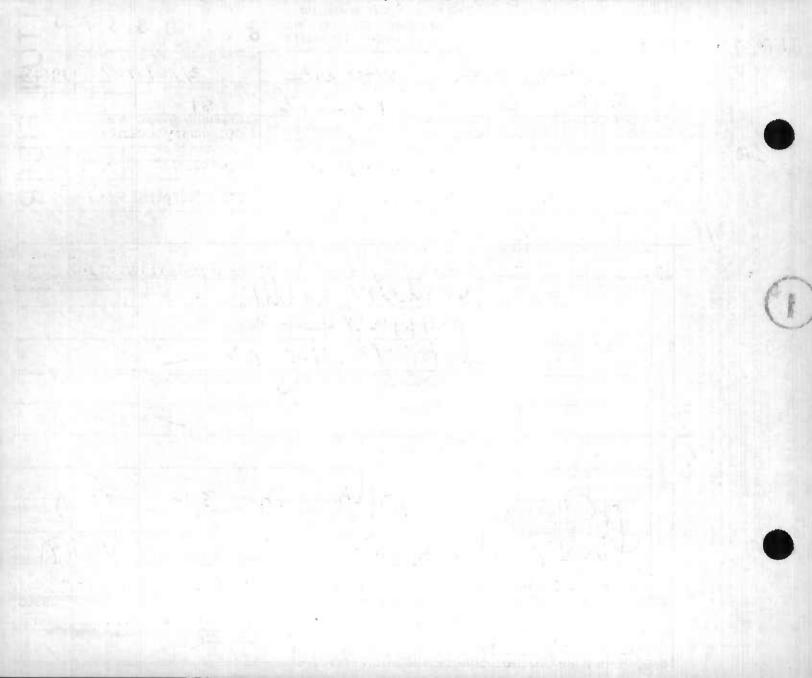
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| fer a | 3. SE | no lo | RACE | 5. DATE OF BIR | DAY YEAR | O. AGE (IN TEAKS (ASI BIRIMDAT) | MONTHS DAYS HOURS MIN. |
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| Page | | Yes | 141-4 | 40-3784 M | rs. Linda ' | Vann/wife/same a | 13e |
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| to the same | Z | | CHEMOTHERAPY | | 777 | | |
| 1 2 2 2 - | CERTIFICATION | 190 DATE OF OPERATION | | VHICH OPERATION WA | S PERFORMED | 20a AUTOPSY? 20b. IF | YES, WERE FINDINGS USED |
| 1000 | FF | | | | | IN CER | TIFYING CAUSES OF DEATH? |
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| + 20 4 1 | MEDICAL | 21d INJURY OCCURRED | 21e PLACE OF INJURY | | LOCATION | CITY OR TOWN | COUNTY STATE |
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| ox Attents use on the Health and is marked o | 1 | 220.1 certify that (I) (this he | ospital) attended the deceased | from OCTOBET | | to MARCH 27 | |
| for use or the of Health and (2) is marked | | 270. I certify that (I) (this ha | 2197172 | from OCTOBET | t in (my) (our) opinion | The Control of the Co | |
| thed for use or the heart of the last of t | | 220.1 certify that (I) (this he | on 3/27/87 | from OCTOSCI 19 , and the | t in (my) (our) opinion | to MAISH 27 death occurred on the date and I | |
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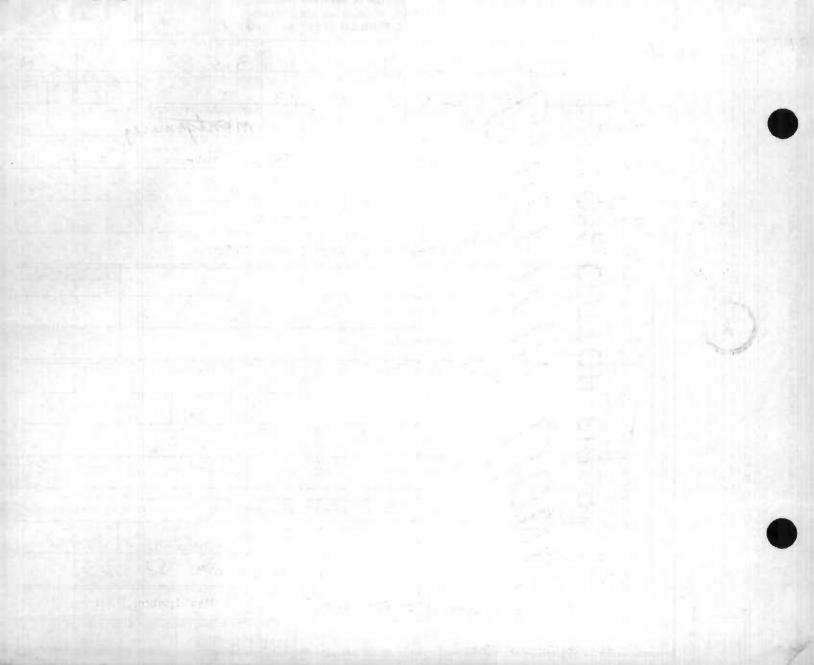
AND THE STREET, STREET haras, — u , a mystojoko lib THE PERSON OF TH Short your should be to show the THE RESERVE AND THE PROPERTY OF THE PARTY OF 22 for the Angeler of the American replacement in the Property William Courter.

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| y F C U U MAN | | REGISTRAR | | | | CERTIF | CATE OF DEATH | 0 / | REG. NO. | 0 0 | - 3 |
| | | | IRST | | MIDDLE | ı | AST | 2g. DATE C | OF DEATH MONTH | DAY YEAR | 7b. HOUR |
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| E d e | 3 SE | X | | RACE | | 5. DATE C | | 6. AGE IN | YEARS LAST BIRTHDAY | MONTHS DAY | |
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| Po Pon Pon | | RTHPLACE (STATE OR FORE | | | WHAT COUNTRY | (? 8. | - 4 | 9. BALTIM | ORE CITY OR COUN | | |
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| ab mit | 10 C | ITY OR TOWN OF DEATH | 1 | | | • | R OTHER INSTITUTION | | OCCUPATION | 1126 KIND | OF BUSINESS OR |
| of the off | 1 | | | (IF NOT IN SUC | H FACILITY, GIVE STRE | ET ADDRESS) | | (TYPE OF WO | ORK FOR MOST OF WORKING | | |
| by son | | ilver Spring | | AL | <u>chea woo</u> | dland 1 | Jursing Home | Secr | etary . | Smit | hsonian |
| 2 | 130 | AL RESIDENCE (IF NURSING | b. COUNT | | GIVE RESIDENCE BEFO | ORE ADMISSION) | 13d INSIDE CITY LIMITS? | 113e STREET | ADDRESS / ZIP CO | ODF | |
| N A A | Mo | vryland | Monte | gomeru | Silver: | Spring | YES NO | | | | #1F 2090 |
| 2 | 14. F | ATHER'S NAME | | | | | 15 MOTHER'S MAIDEN NA | AME | | THE DAY | |
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| S. S | 160.3 | VAS DECEASED EVER IN | | | 16b. SOCIAL SEC | | | | ADDRESS | Chi | apman |
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| AT The injury | ō | Tolymysla | ia i | Chouse | olica, | Yenkl | Liko Basilor | lorser | bli Cearly | , Deman | tie, Deal |
| bee bee | CERTIFICATION | 190 DATE OF OPERATIO | N | 196 COND | ITION FOR WHIC | HOPERATIO | N WAS PERFORMED | 200 AU1 | | YES, WERE FINE | |
| hos hos | Ē | The second | | | | | | YES 🗆 | NOW | YES T | NO [] |
| DIVISION OF VITAL NG PHYSICIAN: The otherding physicion fifer this certificate has buriol-tronsit in the and Mental Hygies orked or them 18 shape | 1 | 210. ACCIDENT WAS UNDER | YING | 216. TIME C | | | 21c HOW INJURY OCCUP | RED (ENTER | NATURE OF INJURY IN ITEM | 18 PART LOR PART 2 | |
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| YSIC regions Aeming Aeming | MEDICAL | (IF EITHER NOTIFY MEDICAL | | | M. OF INJURY | 19 | ZII LOCATION | | | | |
| SIO end this he b | ¥ | | | | REET, FACTORY, OFFICE | E, FARM, ETC } | STREET | | CITY OR TOWN | COUNTY | STATE |
| NG NG off or the orke | | WHILE NOT WHILE | | | | | | | 4 | | |
| NO I O I | 13 | 22a I certify that (I) (# | us hosputo | n ottended th | e deceased from | 00 | d that in (my) (our) opinion | , to | jelo | 19 07 | , that (I) (will lost |
| Pirto for of th | | sow the deceased | olive on_ | view the Kndy | otter death | 0 f . or | d that in (my) (our) opinion | deoth occur | red on the date and l | nour and from th | he couses stoted |
| R A hos hos hed hed ept. | | The order of the | | | | | DEGREE | | | 22c DA | TE SIGNED |
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| F 5 - 4 / 3 / | | BURIAL, CREMATION, RE | MOVAL | 23b. DATE | 230 | NAME OF C | METERY OR CREMATORY | 23d LOC | ATION IY OR TOWN | COUNTY | STATE |
| BP | | Burial. | | Mar. 1 | 1 1987 1 | Rack Ch | eek Cemetery | Wa | shinatan | DC | - TAIL |
| DHMH - 16 60M 7/84 | 24 F | | | | Collins | | 250 DA | TE REC'D. BY | REGISTRAR 256 REG | ISTRAR'S SIGN | ATURE |
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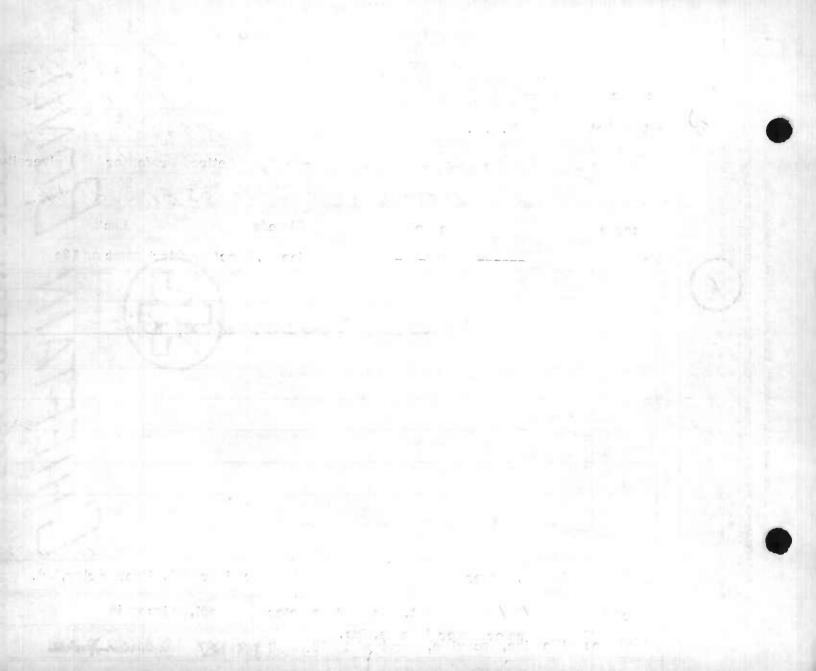


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| ctor, pa | | 3 SE | × Cemale | | RACE | casian | 5. DATE | | 6 AGE (IN YEARS LAST | MO | UNDER I YEAR | HOURS MIN. |
| 2 hour | 200 | | RTHPLACE (STATE OR F | | U.S.A | WHAT COUN | MARRIE | D NEVER MARRIED | 9 BALTIMORE CITY Montgome | | | |
| thu i | \$ 2C | | ITY OR TOWN OF DEA | | | | WIDOW | DR OTHER INSTITUTION | 120 USUAL OCCUPA | • | 4 | MD. F BUSINESS OR |
| by the filed wi | 71 | Ta | koma Park | | Washir | igton"/ | Adventis | t Hospital | Superviso | OF WORKING LIFE) | Poustry. | County |
| d be | d S | | AL RESIDENCE (IF NURS | 136 FOUNT | THER INSTITUTION | | efficial le | 13d INSIDE CITY LIMITS? | 13555 128E | ZIR CODE | School | DIS |
| Joel | 5 | 1 | | W. C. | • | IMITCH | envine | YES NO | | rprise | Road | 10716 |
| 5 / | 1 | 14: 5 | THER'S NAME | 141 | 10013 | 143 | | 15 MOTHER'S MAIDEN NAM | MIDDLE | | 1450 | |
| 6/ | 800 | 1 | John | H | 1. | Gree | en | Myrtle | | | Jobli | n |
| 1 | 0 | | WAS DECEASED EVER | | ED FORCES? | IM-SOCIAL | SECURITY NO. | 17. INFORMANT | | NE55 530 | 03 Bal | timore A |
| - | Lock | No | | 15 15 5 5 5 | | 579-3 | 4-7603 | Walter L. Gr | een (Brot | her) Hya | attsvil | le, Md. |
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| ol, | 0 0 | | societying course | 1971 | (6) | yun | . 1. | 100. | , . | _ | 17 | |
| o Burn | njury, | Z | PART 7. OTHER SIGN | HIFICANT CO | 2 SMOITIGMS | ONTRIBUTING | G TO DEATH BUT | NOT RELATED TO HESERM | NINAL DISEASE OR CO | NDITION GIVEN | IN PART 110 | |
| prior | ony. | CERTIFICATION | 19a DATE OF OPERAT | TION | 196 CONE | DITION FOR W | HICH OPERATIO | N WAS PERFORMED | 20a AUTOPSY? | 20b. IF YES, V | WERE FINDIN | IGS USED |
| pe | SOK | Ē | | | | | | | YES T NOT | YES | NG CAUSES | NO T |
| Hygie | Ssho | E E | 210. ACCIDENT WAS UND | DERLYING | | OF INJURY | | 21c HOW INJURY OCCUR | | | 1 1 OR PART 2) | |
| - | P= 4 | | OR CONTRIBUTING | | " | .M. MONTH | | | | | | |
| Men | Hea | MEDICAL | (IF EITHER, NOTIFY MEDIC | | _ | OF INJURY | 19 | 211 LOCATION | | | | |
| and / | 000 | ME | | | | | FFICE FARM, ETC } | STREET | City OR | TOWN | COUNTY | STATE |
| th c | arked | 1 | WHILE NOT, | 2. | | | 3/ | 16 | 311 | | 1 | 1 |
| eal | E | | 22s I certify that (1) | his hospita | il) ulterided t | he deceased f | rom 6 | 19 | , to | . 19 | | that In (we) lost |
| 10 | 21 | | obbye in the second | ed alive an_ | www.thubodi | y after death. | 19 | nd that in (my) (our) opinion | death occurred on the | date and hour o | ind from the | couses stated |
| , d | E | | 22h SHANGORE | 7 | 000 | Valler Geom. | | GEGREE | | | 22c. DATE | SIGNED |
| 000 | + | | YIM | VI | . W | MI | 1 nd | ATTENDING | MEDICAL ST | AFF | 310 | 11/12 |
| det | z | - | 22d. PHYSICIAN'S NA | 3 / | | OVIO | Voi | PHYSICIAN L | DIRECTOR PHYS | SICIAN | 1-111 | 41 |
| should be with the St | MPORTANT | | | - 1 | | D | | | ty Divid | Cilve | | |
| 1 th | 200 | | Lewis H. | . Dem | 115, 111. | υ. | | 831 Universi | ty bivu. I | . Slive | r spri | 0. |
| vi s | ≤ | 23a. | BURIAL, CREMATION, | REMOVAL | | | | EMETERY OR CREMATORY | 23d LOCATION | | * Charles | 20903 |
| | | | (SPECIFY) Burial | | 03/20 | /87 | Fort Li | ncoln Cemeter | y Brentwo | ood P. | G. M | aryland |
| 404 | 7.00 | | UNERAL DIRECTOR | | | | | 250/ DAT | ERECO. BY RECISTRA | AR 256: REGISTRA | R'S SIGNAT | URE |
| 5 60M | | Fr | antis Gaso | ch's S | ons Fu | ineral | Home, F | . A. | 0 | | | F: |
| | | 147 | 39 Baltimo | re Av | enue l | lyattsv | ille, Md | 20781 | | 1 | | |
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF BEATH REGISTRAR DECE ASED NAME 20. DATE KNOWN ESTI-Walster Ada Meadows DEATH MATED 16. AGE (IN YEARS | IF UNDER 1 YR. 4 RAFE S. DATE OF BIRTH TIF UNDE .. 74 HRS DATE White PRONOUNCED Female DEAD TO BIRTHPLACE (STATE OR 76 CITIZEN OF WHAT 9 BALTIMORE CITY OR COUNTY MARRIED NEVER MARRIED South Dakota U.S.A. WIDOWED P DIVORCED II. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 12b KIND OF BUSINESS University Retired Professor USUAL RESIDENCE (IF IN MURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 20855 W. PRESTON ST., BALTIMORE, MD. 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE MIDDLE Almeda Luck Meadows George 16e. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17. INFORMANT (YES NO. OR UNKNOWN) HE YES GIVE WAR OR DATES Eunice W. Moe(daughter) same as 13e 502-34-5857 No CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c),) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o). DUE TO, OR ASA CONSEQUENCE OF Conditions, if ony, which gave rise to immediate cause (a) stating the under lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10 CERTIFICATION 19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? 210 EXTERNAL CAUSE WAS 21b. TIME OF INJURY 214. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART) OR PART 2) HOUR A.M. MONTH DAY UNDERLYING CONTRIBUTING CAUSE OF DEATH P.M 21e PLACE OF INJURY 21f. LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN WHILE COUNTY STATE NOT WHILE AT WORK AT WORK 22a I certify that I took charge of the remains described above, held an and in my opinion Natural causes Accident Homicide Suicide Undetermined manner PAGE 4 SHOULD B TO FUNERAL DIREC AFTER DEATH, WITH BALTIMORE, MARYI TITLE (SPECIFY John S. Rogers 1919 Seminary Rd. Silver Spring, Md. TYPE OR PRINT ADDRESS 230. BURIAL, CREMATION, REMOVAL 236 DATE 23¢ NAME OF CEMETERY OR CREMATOR STATE 3/12/87 Lodi, Wisconsin Burial Mt. Pleasant Cemetery 07/84 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE NEGAL DIRECTOR TYSON Wheeler Funeral Home, Inc. 1331 Rockville Pike, Rockville, Maryland 20852 **DHMH - 17** (VR A15 ME (5))

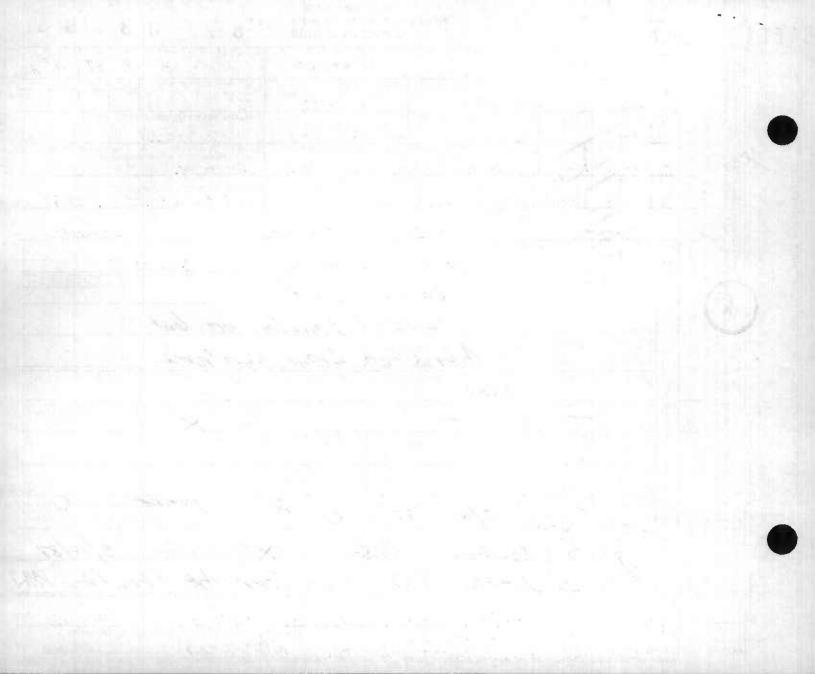


FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR L-DECEASED NAME 20 DATE OF DEATH MONTH 4:05 March 7, 1987 Wastfield Mary 6. AGE (IN YEARS LAST BIRTHDAY) 4 RACE 5. DATE OF BIRTH IF UNDER 24 HRS HOURS White Female Oct. 17. 1902 MITHPLACE ISTATE OR FOREIGN TO CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED ANEVER MARRIED U.S.A. Montgomery WIDOWED DIVORCED | O CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 126. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Registered Nurse Nursing Chevy Chase Bethesda Retirement Center SUAL RESIDENCE (# NURSING 13c CITY OR TOWN 13. SIREEL ADDRESS ZIP CODE Blvd. 13d. INSIDE CITY LIMITS? Washington YES PS L FATHER'S NAME 15 MOTHER'S MAIDEN NAME #1857 MIDDLE MIDDLE Marie Stecher Bezvoda Anton 16b SOCIAL SECURITY NO. 17. INFORMANT ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO OR UNKNOWN) LIF YES, GIVE WAR OR DATEST Teresa Sorochak 5800 Eurith Ave. Balt. MD 577-03-9662 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line to (b), (b), and (c) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE DUE TO, OR AS A GOMSEQUENCE OF Conditions, if any, which gave rise to immediate couse (a), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 190 DATE OF OPERATION 206. IF YES, WERE FINDINGS USED 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NOF NO T 210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART ?) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH HE EITHER NOTIFY MEDICAL EXAMINER P.M. 21d INJURY OCCURRED 211 LOCATION 21e. PLACE OF INJURY AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY STATE WHILE NOT WHILE 22a I certify that (II (this hospital) attended the deceased from saw the deceased alive an obave, (I) (we) (did) (did not) view the body ofter death. and that in (my) (aur) apinion death occurred an the date and have and from the causes stated 22b. SIGNATUM DEGREE 22c. DATE SIGNED Mar. 7, 1987 ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN 27d. PHYSICIAN'S NAME (TYPE OR PRINT) 5401 Western Ave. NW Wash., DC 20015 Smith Fred 230 BURIAL, CREMATION, REMOVAL 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION 23b. DATE |SPECIFY) Silver Spring . MD STATE 3/10/87 Gate of Heaven Cem. Burial 24 FUNERAL DIRECTOR Joseph Gawler's Sons, Inc. 250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE DHMH - 16 60M 2/84 5130 WI Ave. NW Wash., ^DDC 20016 (VRA 15, 4)

STATE OF MARYLAND

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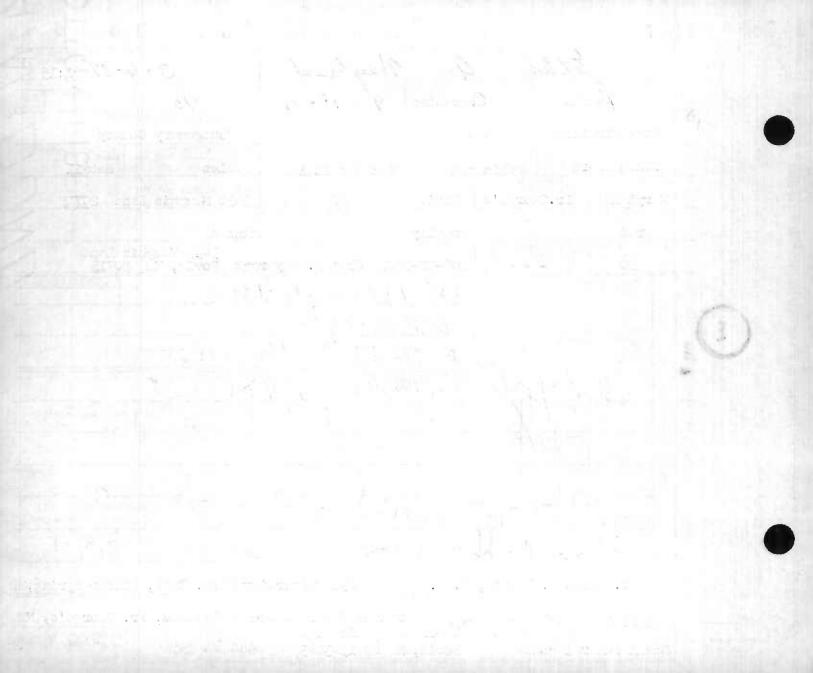
| | | | STATE OF MARYLAND | | |
|----------------------------------|---|--|---|--|---|
| 049 MAR 2 | FOR STATE REGISTRAR | DEPAR | CERTIFICATE OF DEATH | GIENE 8 | 0 8 8 8 3 |
| | 1. DECEASED NAME FIRST | MIDDLE | LAST | 20 DATE OF DEATH MO | NTH DAY YEAR 2b. HOUR |
| poge 3 | (TYPE OR PRINT) | | WATERS | 3 | 3 18 87 4°A |
| d ja | 3. SEX | 4. RACE | 5. DATE OF BIRTH MONTH DAY YEAR | 6. AGE (IN YEARS LAST BIRTHDA | Y) IF UNDER 1 YEAR IF UNDER 24 HRS |
| urs of | Female | Caucasian | May 22, 1901 | 85 | YRS |
| ib log | 70. BIRTHPLACE (STATE OR FOREIGN COUNTRY) | 76. CITIZEN OF WHAT COUNTR | Y? 8. MARRIED NEVER MARRIED | 9 BALTIMORE CITY OR C | OUNTY OF DEATH |
| and and | Maruland | USA | WIDOWED X DIVORCED | Montgom | ery |
| PE GI | 10 CITY OR TOWN OF DEATH | 11. NAME OF HOSPITAL, NUR: | SING HOME OR OTHER INSTITUTION EET ADDRESS) | 120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WO | 12b. KIND OF BUSINESS O |
| 34 /c | Silver Spring | Kensington Gar | dens Nursing Home | Homemaker | |
| illed in muld be mult be | USUAL RESIDENCE (IF NURSING HOM 130. STATE 136. CC | E OR OTHER INSTITUTION, GIVE RESIDENCE BEF DUNTY 136. CITY OR TO | | 130.STREET ADDRESS / ZI | P CODE |
| | Maryland Mon | taomery Silver | Spring YES NO NO | 11 Belmont | |
| 2 st | 14 FATHER'S NAME | MIDDLE LAST | 15. MOTHER'S MAIDEN N | AME | TOAL |
| omplete coming | Clarence | Jickl | ing Josephin | | Massacott |
| | 160 WAS DECEASED EVER IN U.S. | ARMED FORCES? 16b. SOCIAL SE | | ADDRESS | |
| Poges medico | (YES, NO OR UNKNOWN) (IF YES | GIVE WAR OR DATES) 220-60 | -3667 Richard Water | ers Son Sam | e as 13 |
| rs. | | | | 200 Octo Octo | APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH |
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| | Conditions, if any, which | DUE TO, OR AS A CONSEC | Ph. 13/ /2001/2 | a socialen | 1 |
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| ple priol | PART 2 OTHER SIGNIFICAN | AT CONDITIONS CONTRIBUTING I | O DEATH BUT NOT RELATED TO THE TER | MAINAL DISEASE OF CONDITI | ON GIVEN IN PART YES |
| Then to b njury | Z | 1 Rane | | MINAL DISEASE ON CONDIN | ON ONEITHNIAM NO |
| mit. | 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING | 10 | CH OPERATION WAS PERFORMED | 20a AUTOPSY? 20 | B. IF YES, WERE FINDINGS USED |
| 2 5 5 5 X | OH | | | YES IN NO | CERTIFYING CAUSES OF DEATH? |
| Hygier Hygier | 210. ACCIDENT WAS UNDERLYING | 21b. TIME OF INJURY | 21¢ HOW INJURY OCCU | RRED (ENTER NATURE OF INJURY IN | |
| F | OR COLUMNIA COLUMN | | DAY YEAR | | |
| Men Aen | (IF EITHER, NOTIFY MEDICAL EXAM | INER) P.M. 21e PLACE OF INJURY | 211 LOCATION | | |
| e as the burial | | (AT HOME, STREET, FACTORY, OFFIC | | CITY OR TOWN | COUNTY STATE |
| olth nork | AT WORK AT WORK | | 10 7 | h ones | 201 |
| DR: He | sow the deceased | ospital) attended the deceased from | ~~ / / | n death accurred on the date | ond hour and from the causes stated |
| ECT ed for | obove (D (we) (did) (did | not view the bod ofter death. | DEGREE | a death accorded on the date t | one noor one from the cooses stated |
| DIREGOCHED Dept F tem | 1000 | 11/ | 1- 10 | MEDICAL STAFF | e lic los |
| e detc Stote | 22d PHYSICIAN'S NAME (IN | Muya | PHYSICIAN 22e ADDRESS | MEDICAL STAFF DIRECTOR PHYSICIAN | 3/15/87 |
| FUNERAL old be det of the State | CALL T | PEORPHINI) | PAD CONT | 2 . 10 | Mr. M. M |
| should be dete with the State | VERN S. | Umara 1 | 1) 0000 (0 | MM. ITE. | 1184 (1750 PPI) |
| | 23a BURIAL, CREMATION, REMOV | /AL 23b. DATE 23 | c. NAME OF CEMETERY OR CREMATORY | 23d LOCATION CITY OF TOWN | COUNTY STATE |
| | Burial | Mar. 20, 1987 A | rlington National | Arlington | Virginia |
| 1 - 16 60M 7/84 | 24. FUNERAL DIRECTOR Franc | is J. Collins, DOR | 7. 25a. Di | ATE REC'D. BY REGISTRAR 256 | |
| VRA 15, 4) | | Blud W. Silven | Spring Md N | AR 2.3 1007 | - Mandelka |



Bowie, MD 20715-3043

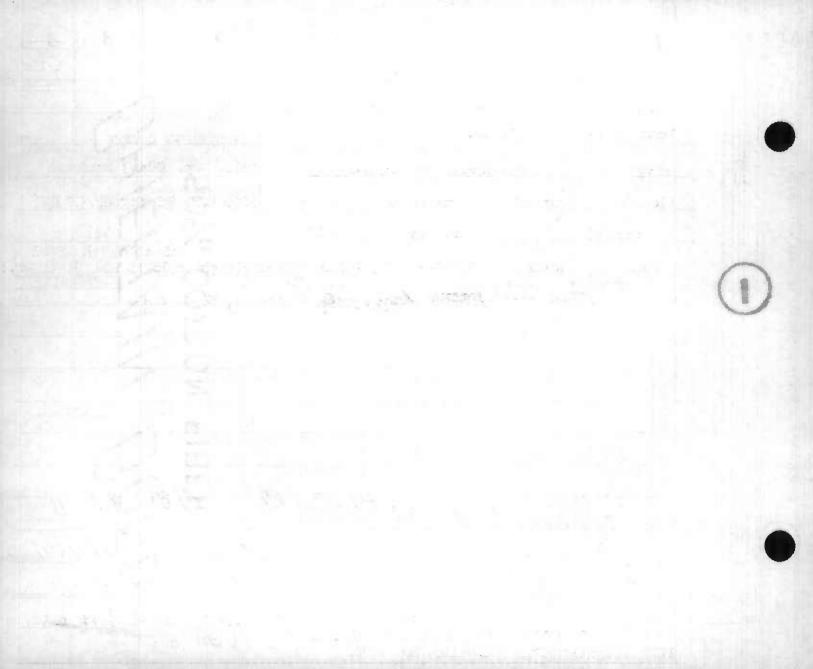
Beall Funeral

(VRA 15, 4)



DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR 2a DATE OF DEATH MONTH DECEASED NAME (TYPE OR PRINT) march 8, 1987 1:25am EDWARD WETSS 6. AGE (IN YEARS LAST BIRTHDAY) 1. SEX 4 RACE 5. DATE OF BIRTH IF UNDER I YEAR IF UNDER 24 HRS MONTH DAY YEAR White 02 MALE 07 07 TO BIRTHPLACE ISTATE OR FOREIGN TE CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED X NEVER MARRIED COUNTRY U.S.A. Pennsylvania DIVORCED [MONTGOMERY COUNTY 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 126 KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Sales Rep. (Ret.) Hardware GLNEY MONTGOMERY GENERAL HOSPITAL UME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONS USUAL HENDENCE (IF NUR 35 COUNTY 13c. CITY OR TOWN 13e.STREET ADDRESS / ZIP CODE 113d INSIDE CITY LIMITS? 9300 S.W. 8th Street (33428) Boca Raton Florida Broward YES X NO 15. MOTHER'S MAIDEN NAME A FATHER'S NAME MIDDLE FIRST Kline Weiss Ella Samue] 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT Rockville, Md. 20853 Aileen Feldman: Daughter: 15219 Red Clover Dr. 192-10-5582 WWII Yes APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one Guse per tine lor (o), (b), and part I. DEATHOUAS CAUSED BY: DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO 21g. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 21d INJURY OCCURRED 211 LOCATION 21e. PLACE OF INJURY CITY OR TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 22a | certify that (IV (this hospital) attended the deceased from and that in (my) (our) opinion death occurred on the date and hour and from the couses stated obove, (1) (was (did) (did not) view the body oftendeoth DEGREE 22c. DATE SIGNED ATTENDING PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS CO HAN, m.s 23c. NAME OF CEMETERY OR CREMATORY 23e BURIAL, CREMATION, REMOVAL 23b. DATE (SPECIFY) 3/10/87 Burial King David Memorial Gdn.; Falls Church; Fairfax Na. 24 FUNERAL DIRECTOR DANZANSKY-GOLDBERG MEMORIAL CHAPELS 250 DATE REC'D BY REDISTRAR ISM REGULAR SON A USE DHMH - 16-60M 7/84 1170 Rockville Pike; Rockville, Md. 20852 (VRA 15. 4)

STATE OF MARYLAND

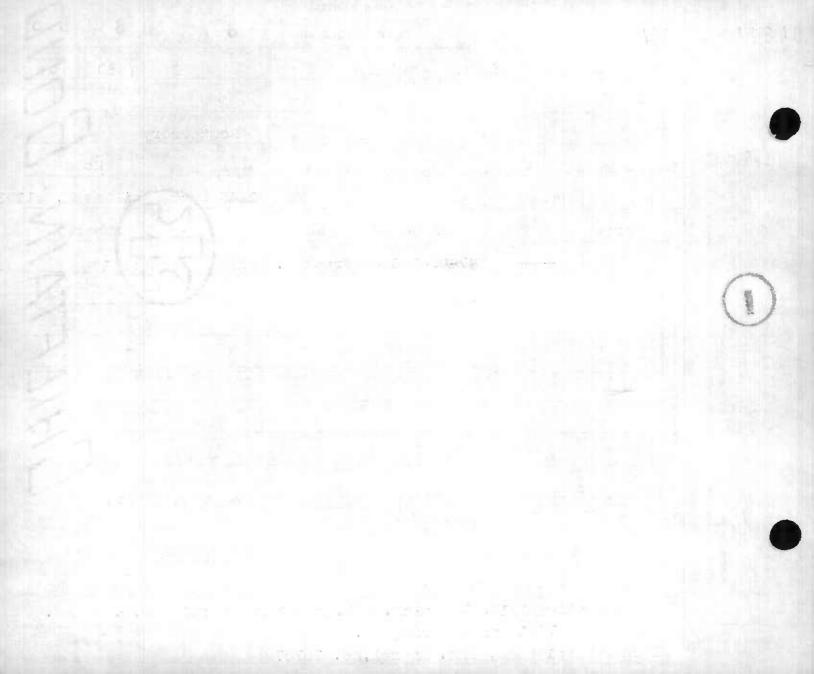


Fleck Funeral Home, Inc. Laurel, Md. 20707

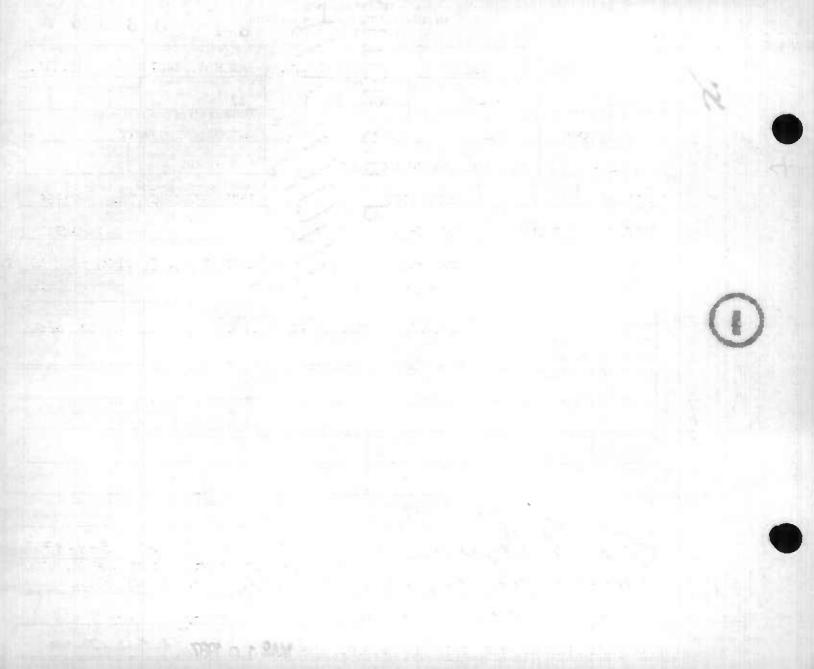
DHMH - 16 60M 7/84

(VRA 15, 4)

STATE OF MARYLAND



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE. - STATE CERTIFICATE OF DEATH 07 REGISTRAR REG NO DECEASED NAME MIDDLE 2g. DATE OF DEATH 26 HOUR (TYPE OR PRINT) 9:24A.M WIESSNER MARCH 4, 1987 ERNEST BRUCE JR. 3. SEX 4. RACE 5. DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 24 HRS IF UNDER I YEAR MONTH MALE WHITE OCTOBER 28, 1969 TO BIRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED MARYLAND USA WIDOWED DIVORCED [MONTGOMERY COUNTY O CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 124 KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) STUDENT BETHESDA NIH, THE CLINICAL CENTER USUAL RESIDENCE (IF NUR III & HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONI COUNTY 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS / ZIP CODE MARYI.AND SYKESVILLE 1332 HILLCREST DR. 21784 FATHER'S NAME 15. MOTHER'S MAIDEN NAME FIRST MIDDLE LAST MIDDLE LAST ERNEST BRUCE WIESSNER MARGARET SCHAEFER 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17. INFORMANT ADDRESS (YES NO OR UNKNOWN) (JE YES GIVE WAR OR DATES) ERNEST BRUCE WIESSNER SR. (FATHER) SAME AS PT. Unknown 18 CAUSE OF DEATH (Enter only one couse per line for 19) (b) and 10 PART I DEATH WAS CAUSED BY: PULMONARY METASTATIC EWINGS APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 3 months IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which EWING'S SARCOMA OF RIGHT FEMUR 33 months gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 190 DATE OF OPERATION 200 AUTOPSY? 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOF NO [210 ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 19 21d INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY STATE NOT WHILE 22a.1 certify that (1) (this hospital) attended the deceased from NOVEMBER MARCH 4 saw the deceased alive on MARCH 4 and that in (nx) (our) opinion death occurred on the date and hour and from the causes stated DEGREE 22c DATE SIGNED DIRECTOR PHYSICIAN NATIONAL INSTITUTES OF HEALTH, 9000 ld b CAZENAVR ROCKVILLE PIKE, BETHESDA. MD 20892 230. BURIAL, CREMATION, REMOVAL 236. DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (SPECIFY) COUNTY STATE REMOVAL 3/5/87 HAIGHT FUNERAL HOME SYKEJLLE24. FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE DHMH - 16 60M 7/B4 (VRA 15, 4) MAROHALL'S FUNERAL HOME, 4217 9TH ST.N.W., WASH



DHMH - 16 60M 7/84 (VRA 15, 4)

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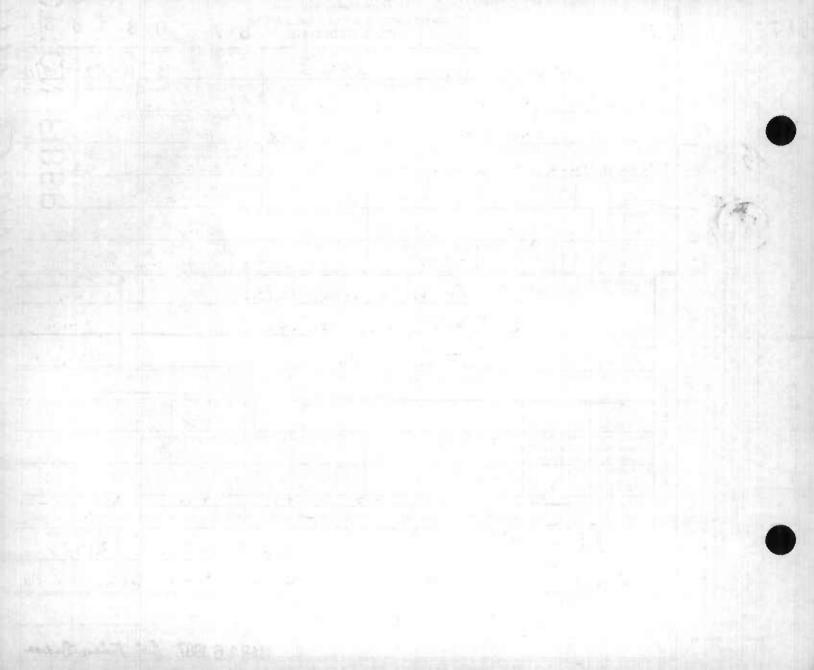
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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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|---|----------|---|---|-----|
| 5 | | U | 0 | C.J |
| • | REG. NO. | | | |

| - | | FOR 7STATE REGISTRAR | | | | CERTIF | ICATE OF DE | ATH | REG. N | 0 8 | 3 (| 3 8 |
|---|---------------|---|------------------------|--|--------------------------------------|-------------|---------------------|------------|------------------------------------|-------------------------------|-----------------|----------------------------------|
| | | CEASED NAME OR PRINT) | ALL ALL | Lien, | Lenox | L | WELLS | 5 | 20. DATE OF DEATH | 3 - 10 | | 26 HOUR 9:27 AM |
| | 3. SE | x Male | | 4 RACE | ite | 5 DATE C | H DAY | YEAR R 7 | AGE TIN YEARS LAST BIR | MOI | UNDER I YEAR | IF UNDER 24 HRS |
| 7 | | IRTHPLACE STATE OR FO | OREIGN | | WHAT COUNTRY? | 8 MARRIE | 28 D□ NEVER MA | _ (| BALTIMORE CITY O | R COUNTY O | FDEATH | |
| 4 | | shington, I | | 11. NAME OF | States HOSPITAL, NURSIN | | | TION | Montgomer | | - | MD. F BUSINESS OR |
| 1 | I | | RK | Washing | nfacility, give street ton Adve | ntist | Hospita | - | Salesman | F WORKING (IFE) | Auto | <u> </u> |
| 3 | 13a. S | | 13b. COUN | | 13c CITY OR TOW Silver Spr | N | 13d INSIDE CITY | | 3e.STREET ADDRESS | | | 20904 #102 |
| Z | - | ATHER'S NAME FIRST Raymond | | MIDDLE | well: | 9.9 | 15 MOTHER'S M | AIDEN NAM | MIDDLE | | LAS | 1 |
| | | WAS DECEASED EVER II | N U.S. AR | | 722-12- | RITY NO. | 17 INFORMANT | | | Murdock | Road | 20895 |
| | | 18 CAUSE OF DEATH PART I. DEATH WA | AS CAUSE | aly ane cause per D BY: TE CAUSE (0) | line for ia), (b), and | 0 | provory | Fails | √e | | - 1 | MATE INTERVAL ONSET AND DEATH |
| | | Canditians, if any, gave rise to imm cause (0), stating underlying cause | ediate the lost. | (b) DUE TO, OF | RAS A CONSEQUE RAS A CONSEQUE TO DEC | NCE OF | Use | n me | | | 30 | mondry years |
| 2 | CERTIFICATION | PART 2 OTHER SIGN | | | ONTRIBUTING TO D | | | | 200 AUTOPSY? YES NO | 20b IF YES, V IN CERTIFYIN | VERE FINDIN | IGS USED |
| 1 | MEDICAL CES | 71g ACCIDENT WAS UNDER OR CONTRIBUTING CA (IF EITHER NOTIFY MEDIC. 71d INJURY OCCURR | AUSE OF DEA | CIN . | M. MONTH DA M. | YEAR 19 | 21c. HOW INJU | RY OCCURRE | D (ENTER NATURE OF INJUI | RY IN ITEM 18 PART | I OR PART 2) | |
| | ME | WHILE NOT WHILE AT WORK | LE 🗍 | I AT HOME, STR | EET, FACTORY, OFFICE, F | | STREET | | CITY OR TO | WN | COUNTY | STATE |
| | | 22a.1 certify that (1) (saw the decease abave_(h)(we)(di 22b. SIQNATU | d alive an | 31 | 9 19 3 | | DEGREE | ENDING / | medical STAF | ate and havr a | _ | |
| | | 22d. PHYSICIAN'S NAI | ME (TYPE C | MUNZEN | MD | 00 | 220 ADDRESS 7600 | arro | DIRECTOR PHYSIC | | come 1 | arx, Ma |
| | 29 a B | BURIAL, CREMATION, R | | 23b. DATE 3-12-8 | | | EMETERY OR CRE | | 23d LOCATION CITY OR TOWN Alexand: | | ounty irgin: | STATE |
| | | UNERAL DIRECTOR | Richa t, N | ard Rapp | ington, | DC 2 | 20009 | | REC'D. BY REGISTRAR | 256 REGISTRA | | |



(VRA 15, 4)

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FOR STATE

[TYPE OR PRINTS

To BIRTHPLACE

COUNTRY Texas

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REGISTRAR

ale

CITY OR TOWN OF DEATH

I STATE OR FOREIGN

FIRST

DECEASED NAME

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG NO 2n DATE OF DEATH 26 HOUR MONTH IF UNDER LYFAR IF LINDER 24 HRS 4 RACE 6. AGE (IN YEARS LAST BIRTHDAY) hite 76 CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED American WIDOWED DIVORCED 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12h KIND OF BUSINESS OR IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) TYPE OF WORK FOR MOST OF WORKING LIFET INDUSTRY Shady Grove Adventist Plumber 20874 13e STREET ADDRESS / ZIP CODE 13c. CITY OR TOWN GEMMAN 8603 GLEN WILLOW 15 MOTHER'S MAIDEN NAME LASI MIDDLE White Ruth Starcher ADDRESS 17 INFORMANT INKNOWN Item 13 Hilda. White APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH METASTATIC UNG CARULALA DUE TO OR AS A CONSEQUENCE OF DUE TO, OR AS A CONSEQUENCE OF 20h. IF YES, WERE FINDINGS USED 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NOF YES T NO [216 TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR P.M. 19 211 LOCATION 21e PLACE OF INJURY CITY OR TOWN COUNTY STATE (AT HOME STREET, FACTORY, OFFICE, FARM ETC.) STREET and that in (mg) (our) opinion death occurred an the date and hour and from the causes stated DEGREE 22c DATE SIGNED ATTENDING MEDICAL STAFF Mi PHYSICIAN DIRECTOR PHYSICIAN

13m. STATE 14 FATHER'S NAME FIRST ALIDOLE John Bradley WAS DECEASED EVER IN U.S. ARMED FORCES? 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (0) Conditions, if any, which gove rise to immediate couse (a), stating underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 19e DATE OF OPERATION 210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) 714 INJURY OCCURRED NOT WHILE WHILE AT WORK AT WORK 220 L certify that (1) (this hospital) attended the deceased from sow the deceased alive an above, (I)(we) it is idid not) view the body after death 22b. SIGNATUR 774 PHYSICIAN'S NAME (TYPE OR PRINT) 27e ADDRESS Rocarle BOCCHA 23a. BURIAL, CREMATION, REMOVAL 236. DATE 23c. NAME OF CEMETERY OR CREMATORY Burial CITY OF TOWN 3/8/87 arklawn Mem. Rockville. Montg. 24 FUNERAL DIRECTOR Molesworth, P.A., Damascus, Md. Olin L. Dundon Ra



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO 20. DATE KNOWN 1. DECEASED NAME (TYPE OR PRINT) ESTI-CESSARY, PLEASE
RAL DIRECTOR
R YOUR FILES.
IN 72 HOURS Robert 1987 Wilkinson Thomas Jr 3 - 1DEATH MATED 4. RACE 5. DATE OF BIRTH & AGE (IN YEARS | IF UNDER 1 YR IF UNDER 24 HRS 2d HOUR DATE PRONOUNCED 7:15 DEAD Male April 6,1964 22 MC THE CITIZEN OF WHAT COUNTRY? TO BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED X FOREIGN COUNTRY) Washington, D.C. U.S.A. WIDOWED | DIVORCED Montgomery County ID CITY OR TOWN OF DEATH 128 USUAL OCCUPATION TIPE OF WORK 126 KIND OF BUSINESS 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)
6114 Madawaska Rd Bethesda Apprentice Electri- Mona Electri SUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 30. STATE 13d INSIDE CITY LIMITS? 130 STREET ADDRESS 136 COUNTY 13c. CITY OR TOWN 2110 Madawaska St. Maryland Montgomery Bethesda YESXX NO [14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE Wilkinson, Sr. Cecilia Thornton Robert 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 7 INFORMANT 166 SOCIAL SECURITY NO ADDRESS 100 North Wing St. 218-92-5376 Robert Wilkinson, Sr. Arl. Va. 22201 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) Contact Gunshot Wound to Right Head (handqun) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (0) 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES 24 NO [216 EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 3-1 Self-inflicted 21e PLACE OF INJURY TATHOME 211. LOCATION 214 INJURY OCCURRED STREET, FACTORY, FARM, ETC.) WHILE AT WORK house 6114 Madawaska Rd Bethesda Montgomery MD Inspection 22a. I certify that Autopsy X Homicide L Undetermined monner death resulted from TITLE (SPECIFY) EXECUTE THE PAGE 4 SHOLL TO FUNERAL LAFTER DEATH ACTUAL 3 - 2 - 87Assistant DATE SIGNATURE MEDICAL EXAMINER EXAMINER'S NAME Charles P. Kokes, M.D. ADDRESS 111 Penn St. Balto., MD 21201 230 BURIAL, CREMATION, REMOVAL 236 DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION COUNTY STATE Burial 03/05/87 Rock Creek Cemetery Washington D. C. 07/84 25M 24 FUNERAL DIRECTOR Lee Funeral Home, Inc. 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE (VR A15 ME (663) Old Alexander Ferry Rd. Clinton, Md 20735



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| 0. | 1. 0 | FOR STATE REGISTRAR | ,7 | | | MENT OF H | E OF MARYLA EALTH AND M ICATE OF D | NENTAL HYG | O REC | G. NO. | 8 | 3 | 7 | |
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| K | Mai | AL RESIDENCE (IF NURSI STATE ryland | 13h COUN | other institution TY gomery | 13c. CITY OR TOW Rockvill | | | NO 🗌 | 13e STREET ADDRE 261 Cong | ss/zipcod ression | e al L | ane | 183 | 12 |
| 1 | 5 | Sydney | | NDOLE | Greenlea | | | nifred | MIDD | | Gr | ange | er | 7,1 |
| / | | VAS DECEASED EVER yes. no or unknown) NO | | MED FORCES? WAR OR DATES) | 224-28-1 | | Raymon | | | odress Congres | | ar r | ckvi | |
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| 2 | CERTIFICATION | 190 DATE OF OPERAT | ION | 19b. COND | ITION FOR WHICH | OPERATIO | N WAS PERFOR | RMED | 200 AUTOPSY? | IN CERT | S, WERE IFYING C | | | H? |
| 7 | MEDICAL CER | 210. ACCIDENT WAS UND OR CONTRIBUTING CO (IF EITHER, NOTIFY MEDIC | AUSE OF DEAT | Р. | .M. MONTH D. | AY YEAR | | | RED (ENTER NATURE OF | 81 MƏTI MI YAULMI | PART I OR P | ART 2) | | |
| | MED | 21d. INJURY OCCURR WHILE NOT WH AT WORK AT WOR | ILE 🗍 | | OF INJURY REET, FACTORY, OFFICE, F | ARM, ETC } | 21f LOCATIO | (| CITY | ORTOWN | COU | NIY | 51 | ATE |
| 100 | | 220: Lecrtify that (1) sow the decease above, (1) (we) (d | d olive on_ | 2 | 1/2/19 | | DEGREE | 1 | deoth accurred on the | | | DATE S | | e) lost ted |
| / | | THE PHYSICIAN'S WA | | Sone: | nen | | | HYSICIAN | MEDICAL DIRECTOR PH | STAFF YSICIAN [| | 31 | 13/ | 17 |
| | | URIAL, CREMATION, I | REMOVAL | 23b. DATE 3-14-8 | | | EMETERY OR C | | 23d. LOCATION CITY OR TOW | naton | COUNTY | , | D C | TATE |

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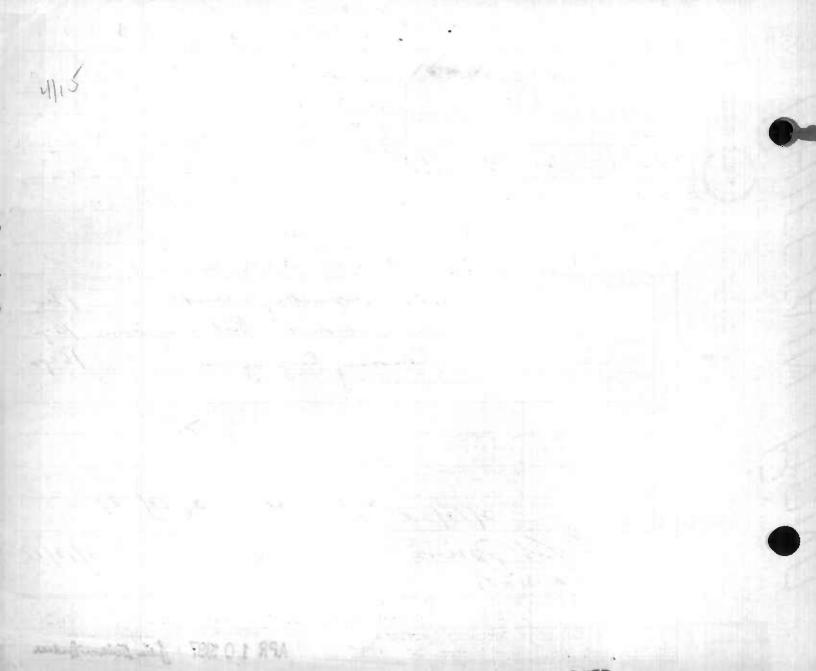
IMPORTANT: If Item 21 is marked or Item 18 stores ony injury, ar other traumatic event, th

DHMH - 16 60M 7/84 (VRA 15, 4)

24 FUNERAL DIRECTOR Columbia Mortuary Services 225 Missouri Ave, NW Washington, DC

250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

Julia Divideon Rondall

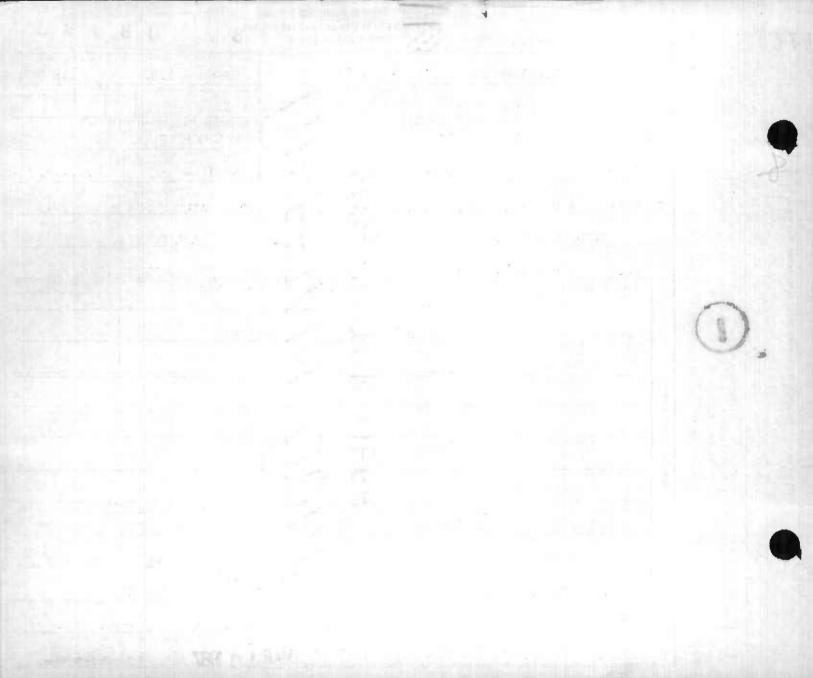


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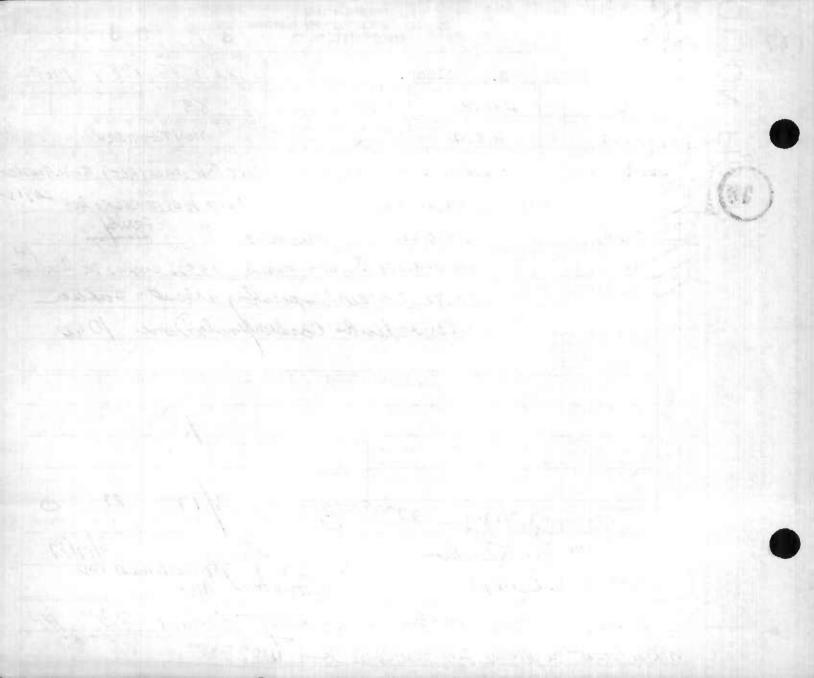
| | 1 | | * | STATE OF MARYLAND | | |
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| 1002 HAK 13 | 1 20 | REGISTRAR | MIDDLE | CERTIFICATE OF DEATH | REG. NO. | The state of the s |
| • w= | | CEASED NAME FIRST | | LAST C.D. | 20. DATE OF DEATH MONTH DAY | P |
| noy be page 3 rr death | | | LIAM ALBERT WIL | | MARCH 4 1987 | 4:40 m |
| 4 mo | 3. SE | | 4 RACE | 5. DATE OF BIRTH | MOM | UNDER I YEAR IF UNDER 24 HRS |
| rect urs o | | MALE | CAUCASIAN | FÉBRUARY 6 1935 | 52 YRS | |
| A Sold P | | IRTHPLACE (STATE OR FOREIGN | 76 CITIZEN OF WHAT COUNTRY | MARRIED IN NEVER MARRIED | 9. BALTIMORE CITY OR COUNTY OF | FDEATH |
| de ot | | SSISSIPPI | UNITED STATES | WIDOWED DIVORCED | MONTGOMERY | MD. |
| Dy the fr | 1 | BETHESDA | (IF NOT IN SUCH FACILITY, GIVE STRE NAVAL | | 120. USUAL OCCUPATION (1YPE OF WORK FOR MOST OF WORKING LIFE) RETIRED | 126. KIND OF BUSINESS OR INDUSTRY U.S.A.F. |
| d in bear | USU 13a. | IAL RESIDENCE (IF NURSING HOME OR STATE | | | 138 STREET ADDRESS / ZIP CODE | 99999 |
| AND 24 | VI | | RFAX W.SPRIN | | 7910 HARWOOD PLAC | CE 22152 |
| RYL 2 sh | 14 F | ATHER'S NAME | MIDDLE LAST | 15. MOTHER'S MAIDEN NA | | |
| MARY mplete and 2 | | MATTHEWS W | | FIRST | ABETH PEARL PURVIS | LAST |
| | | WAS DECEASED EVER IN U.S. AR | MED FORCES? 166 SOCIAL SEC | | ADDRESS | |
| Pog med | | YES 1958 | -1986 425-60 | -5723 MARY F. WILL | IAMS, 7910 HARWOOD | PLACE. |
| BALTIMORE, cote be executed to spers, Pages 1 vol. 4, the medical | | 18 CAUSE OF DEATH (Enter on | ly one cause per line for (a), (b), a | | LD, VA 22152 | APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH |
| T., B | | PART I. DEATH WAS CAUSE | D BY: | RDIAC ARREST | , | |
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| DIVISION OF VITAL RECORDS, ING PHYSICIAN: The low require other dring physician. The rhis certificate hos been sign of the build-transit permit. Then to and Mental Hygiene prior to borked or them 18 shows ony injury or the dring of them to a strong the strong them to a strong the strong them to a strong the strong the strong them to a strong the strong the strong them to a strong the strong the strong them to a strong them to a strong the strong them to a strong the stro | NO O | | THE PARTY OF | | | |
| ECO Sw r | CERTIFICATION | 190 DATE OF OPERATION | 196 CONDITION FOR WHIC | H OPERATION WAS PERFORMED | 200 AUTOPSY? 20b. IF YES, W | VERE FINDINGS USED |
| he to | H | | | | YES NO YES | NG CAUSES OF DEATH? |
| VIII. 7. N. 1. N. | E E | 210. ACCIDENT WAS UNDERLYING | | 21c HOW INJURY OCCUR | RED (ENTER NATURE OF INJURY IN ITEM 18 PART | |
| OF OF PARTY OF THE | ¥ | OR CONTRIBUTING CAUSE OF DEA | | 19 | | |
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| IVIS offer the street of the s | 1 8 | WHILE NOT WHILE AT WORK | (AT HOME, STREET, FACTORY, OFFICE | FARM, ETC) SIREE! | CHTORIOWN | STATE |
| D or or Africa | | | tal) attended the deceased from | FEBRUARY 5 19 87 | | 87 , that (1) (we) lost |
| TTEN Pirtola for u | | saw the deceased alive an | MARCH 4 | Q / | death accurred on the date and hour or | nd from the causes stated |
| hos hos hed hed hed hed hed hed | | 22b. SIGNATURE | THE THE STATE OF STREET GROUPS. | DEGREE | | 12 DATE SIGNED |
| the Date Date Date Date Date Date Date Dat | | R.M. Lead | n w | ATTENDING PHYSICIAN I | MEDICAL STAFF DIRECTOR PHYSICIAN | Face 87 |
| NER De d | 7 | 226 PHYSICIAN'S NAME THE O | (46) | Tan Appendix | L HOSPITAL | D PARCEL O I |
| TO HOSPITA Februred by TO FUNERA Should be de with the Stat | | R. M. KEATING | LT, MC, USNR | | ESDA, MD 20814-501 | 1 |
| 7/16/2 C# 3 X+ | | BURIAL, CREMATION, REMOVAL | | NAME OF CEMETERY OR CREMATORY | 23d LOCATION | |
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| | - | UNERAL DIRECTOR | 2, 2, 3, | | M CHARLESTON, MI E REC'D. BY REGISTRAN 256. REGISTRAN | R'S SIGNATURE |
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| | | | FOR | | a., G-626, | | 6/ STA | | MARYLAI H AND M | | HYGIEN | E | | | | | |
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| 477 | 99 11182 | | CEASED NAME | FIRST | | WIDDLE | | | LAST | | Ť | 2a. DATE OF | KNOWN ESTI- | | TH DAY | Y YEAR | 26 HOUR |
| | PLEASE ECTOR. FILES. HOURS STREET, | 2.07 | | Ala | | | | | Vilson | | | | MATED | 3 | -3 | 1987 | M |
| 2 | DIRE OUR ON S | 3 SE | ale | Black | 10 TH 30 DAY | 86° AR | 6. AGE (IN YE. LAST BIRTHD) | Y) MON | NDER TYR. THS DAYS 3 | HOURS | R 24 HRS. MIN. | PRONOUNDEAD | NCED | 3- | H DAY | 19 87 | 9:15 A M |
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| | DELAY IS TO THE FILED BE FILED | | Takon | na Park | 11. NAME OF HOSE (IF NOT IN SUCH FACE Washing | ton A | reet address) Adventi | st F | | | FOR N | IAL OCCU NOST OF WOR | | YPE OF WOR | ek 12b K | CIND OF BUS OR INDUSTR | |
| 1130 | AND 3 TO SET AND BE SE | 13a. S | ALRESIDENCE STATE Marylan | 13b COUN | or other institution, giv TY ntgomery | 13c. CITY | BEFORE ADMISSE OR TOWN KOMA PO | | 13d INSIDE (| NO [| | EET ADDRE | ess ole Ai | noniii | 2 #00 | 2091 | 12 |
| 1 8 | A2832 | | ATHER'S NAME | | MIDDLE | | LAST | | IS. MOTH | ER'S MAID | ENNAME | | AIDDLE | 7E166 | 2 #30 | LAST | |
| W # | るるというと | | Alvin | | J. | Wi. | lson | | | anet | te | | | | Ga110 | | |
| XX II | AFTER H FOR H FOR H SION | 16a. \ | WAS DECEASED YES, NO. OR UNKNO NO | VEVER IN U.S. AR/ | WED FORCES? WAR OR DATES) | No: | ial security ne | 'NO. | Alvi | | Wils | on 76 | ADDRES | | Ave. | , #901 | |
| \ ta | HOURS AF W 18. GIVI WG WITH RMIT. PAG NE. DIVISI | | IB CAUSE OF | ATH WAS CAUSE | | | ond(c).) Infant | Dea | | | | | | P | | APPROXIMATE I | |
| W. PRESTON | A ITE | - | 7579 | IMMEDIA | DUE TO, OR | | | | | | | | | | | | |
| 88 | CIL III | | | s, if any, which e to immediate | (b) | | | | | | | | | | 112 | | |
| cause (a) storing the under- lying cause last. DUE TO, OR AS A CONSECUTION (c) | | | | | | | SEQUENCE C | F | | | | | | | | | 7 |
| DIVISION OF VITAL RECORDS, 201 | BE EXECUTED INC. SA BUILTH AN REMAIN | NO | PART 2 OTHER SIG | NIFICANT CONDITIONS | CONTRIBUTING TO DEATH B | JT NOT RELA | TEO TO THE TERMI | NAL OISEAS | SE OR CONDITIO | N GIVEN IN PA | RT 1 (a) | | | | | | |
| 7. 8. | L CARAMETER AND A L. CARAMETER A | CERTIFICATION | 19a. DATE OF | OPERATION | 196. CONDITI | ON FOR V | WHICH OPER | N MOITA | VAS PERFOR | MED? | 19.00 | | - | | 20. | AUTOPSY? | |
| VITA | SS SE S | H | | | | | | | | | | | | | | YES 👽 | NO 🗌 |
| ONOF | THE WAS THE WA | CAL CE | 21a. EXTERNA UNDERLYING CONTRIBUTION | [] | | MONTH | DAY YEAR | 21c. H | OW INJURY | OCCURRE | D (ENTERN | LATURE OF IN | JURY IN ITEM 1 | 8 PART I OR | PART 2} | | |
| DIVIS | THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HATE, WRITING THE WORD "PENDING" IN PENCIL IN ITEM COPWAREDED TO THE CHIEF MEDICAL EXAMINER ALONG PAGE 3 SHOULD BE USED AS A BURIAL - IRANSIT PERILE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIEN UP, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL. | MEDICAL | 21d INJURY O WHILE AT WORK | NOT WHILE C | 21e PLACE O STREET, FACTO | | | | STREET | | | CITY OR TO | wn | | COUNTY | | STATE |
| | RECEES. | | 220. I certif | | e of the remains described | ribed aba | | Autap | , Hamic | Inspection | | Inquiry | | and in my | apınıan | | |
| 0 | EKA OUD ONE WAR | × | ACTUAL | | 2 | 1 | 1 | 1 | TITLE (S | PECIFY) | | | | | | | |
| | SESTE TO | 2 | SIGNATURE_ | | 1 | 11 | 1 | /" | Assi | stant | MEDIC | CALEXAM | VINER | DAT | NED | 3-4-87 | 7 |
| | TO MEDICAL EXAM EXECUTE THE CIERTI PAGE A SHOULD B TO FUNERAL DIREC AFTER DEATH WITH BALTIMORE, MARY | | EXAMINER'S N (TYPE OR PRIN | T) Greg | ory R. Kb | ıffma | n, M.D | | ADDRESS_ | 111 P | enn S | st., 1 | Balto | .,21 | 201 | | |
| 07/B4 | BR556 | (5 | Burial | ION, REMOVAL 23 | 3/7/87 | | Harmon | | | | | Land | over | cc | OUNTY | MD STAT | TE |
| 25M | DHMH - 17 (VR A15 ME (5)) | 24. FU | ROII ins | Funeral | Home ADDRESS | 339 | Hunt P. | Z . N | . E. | 25a. DATE F | REC'D. BY | REGISTRA | R 25b REC | ISTRAR'S | SIGNAT | TURE | |
| | | | | | | | | | | MAK. | 191 | 387 | futin | Sand | 2 | - | |



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH CREGISTRAR REG. NO. 1. DECE ASED NAME 20 DATE OF DEATH. MONTH VEAR 2h HOUR LIYPE OR PRINTS Wilson. Alma -10 P-M 3 SEX 4 RACE 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER TYEAR IF UNDER 24 HR SEP DAY YEAR 903 7a. BIRTHPLACE I STATE OR FOREIGN L CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED MONTGOMERS WIDOWED A DIVORCED | IO. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OF OTHER INSTITUTION 12a USUAL OCCUPATION 12 KIND OF BUSINESS OR (TYPE OF WORK EOR MOST OF WORKING LIFE) INDUSTRY PINT OFFICE (RET.) BOOKBINDER ISUAL RESIDENCE (IF NURSING HOME OF OTHER INSTITUTION, GIVE RESIDENCE SEFORE ADMISSION) 136 COUNTY 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET ADDRESS / ZIP CODE YES 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME FIRST MIDDLE MIDDLE JAM 6 SHARPLES ADDRESS 16a WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 17 INFORMANT CIFYES GIVE WAR OR DATES! CAUSE OF DEATH (Enter only one couse per line for to PART I. DEATH WAS CAUSED BY Conditions, if any, which gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 10 CERTIFICATION 190 DATE OF OPERATION 20g AUTOPSY? 20b. IF YES, WERE FINDINGS USED 19h CONDITION FOR WHICH OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? NO NO [210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) 00 OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 19 21d INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION CITY OF TOWN AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) COUNTY STATE NOT WHILE 220 I certify that (I) (this haspital) attended the deceased from sow the deceased alive on 500 obove, (I) (we) (did) (did no few the body ofter death (aur) opinion death accurred on the date and hour and from the causes stated DEGREE ATTENDING ORTANT ld b ŧ 23a. BURIAL, CREMATION, REMOVAL 23¢ NAME OF CEMETERY OR CREMATORY BP 24 FUNERAL DIRECTOR REGISTRAR 256 REGISTRAR'S SIGNATURE -DHMH - 16 60M 7/84 (VRA 15, 4)



(VRA 15, 4)

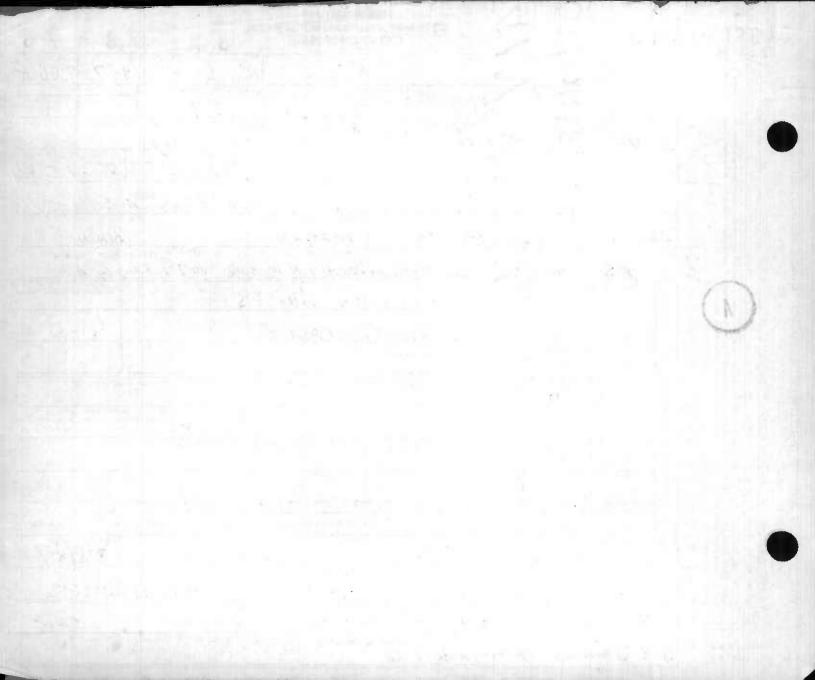
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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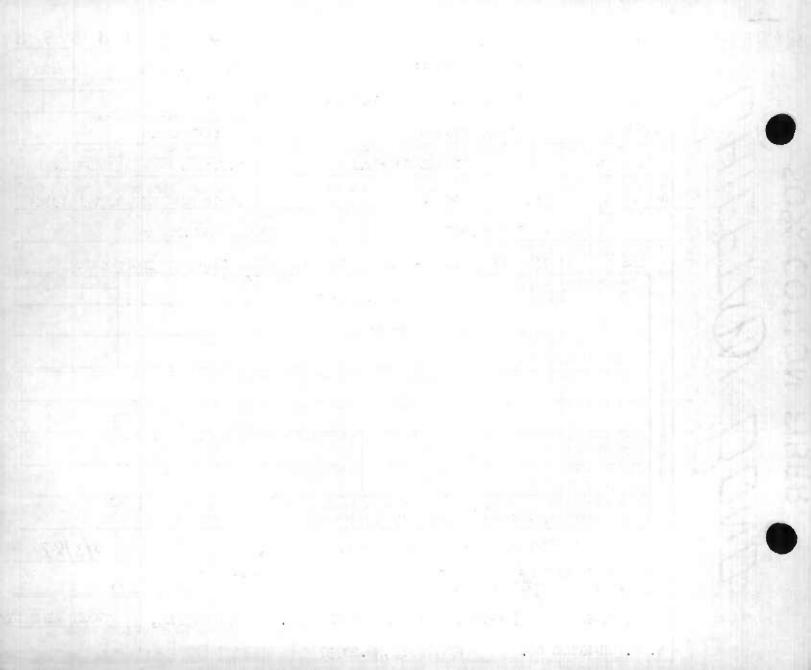
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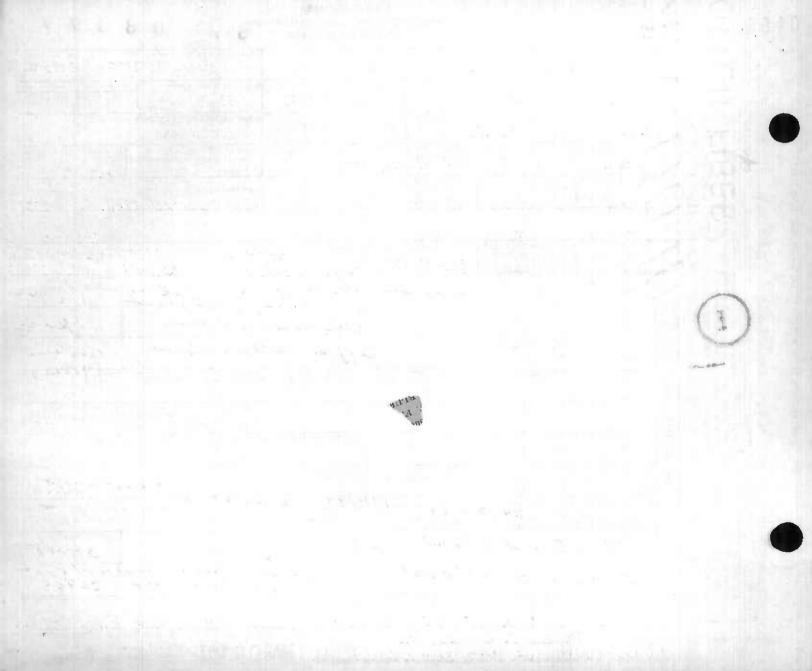


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| be 3 ge 3 | | CEASED NAME RIPST OF PRINT) | + Wilbur Wim | | DATE OF DEATH MONTH | 24/87 | 10.PM |
| ge 4 mo) ector. po irs ofter d | 3 SE | | Black Sonth Aug | TH DAY YEAR 6. | AGE (IN YEARS LAST BIRTHDAY) YR: | -IF UNDER 1 YEAR MONTHS DAYS | IF UNDER 24 HRS |
| leoth. Po | | RTHPLACE (STATE OR FOREIGN COUNTRY) | CITIZEN OF WHAT COUNTRY? MARRIED WIDOWED WIDOWED | NEVER MARRIED 7 | Montgom | | MD. |
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| AND 2212 | | AL RESIDENCE (IF NURSING HOME OR TATE May 136 COUP) | HER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13 CLAY OR TOWN 13d II | | STREET ADDRESS / ZIP CO | ODS | 20871 |
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| De execution of the control of the c | | VAS DECEASED EVER IN U.S. AR/ (ES, NO OR MIKNOWN) (IF YES, GIVI | ED FORCES? 166 SOCIAL SECURITY NO. 17 IN AVERAGE OF DATES) 519-07-3513 A | Ithea Wine | Sister Wins | Kennedy D.C. | 1 ST NW 20011 |
| on popers emovol. | | 18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE) IMMEDIAT | | +RREST | | APPROXIM BETWEEN O | MATE INTERVAL |
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| that the ease rem of, cremo | | gove rise to immediate couse (a), stating the underlying couse lost. | DUE TO, OR AS A CONSEQUENCE OF (1) | scular occid | bent, to your | wal new | algia |
| RECORDS, 22 I by law requires I, a so been signed received the prior to buring the p | NOIL | PART 2 OTHER SIGNIFICANT C | Alszeimer | | | GIVEN IN PART 110 | 0 |
| | CERTIFICATION | 190. D'ATE OF OPERATION | 196. CONDITION FOR WHICH OPERATION WAS | | YES NO NO NO CER | YES, WERE FINDING RTIFYING CAUSES (YES [] | |
| DIVISION OF VITAL OF PHYSICIAN: The Osther this certificate h os the buriol-tronsir p th and Mental Hygier orked or frem 18 sho, | MEDICAL CE | 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA | P.M. 19 | | ENTER NATURE OF INJURY IN ITEM | 18 PART I OR PART ?) | |
| NG PHY other this os the but th and M orked or | MED | WHILE NOT THILE AT WORK | 21e. PLACE OF INJURY (AT MOME, STREET, FACTORY, OFFICE FARM, ETC.) | LOCATION | CITY OR TOWN | COUNTY | STATE |
| ATTENDI Ssprtol or CTOR: A d for use | | 220.1 certify that (1) (this hospit sow the deceased alive an above, (1) (we) (did) (did not | view the body after death. | | oth occurred on the date and I | | hot (I) (we) lost ouses stoted |
| ITAL OR A by the boy the boy the boy detoched force Dept. NT: If their | | 226. SIGNATURE | ten uns DEGRE | ATTENDING PHYSICIAN | MEDICAL STAFF DIRECTOR PHYSICIAN | 224. DATE S | 2587 |
| CO HOSPITAL erouned by the TO FUNERAL should be det with the Store | | | TEIN MD 13 | 8111 Prince | Philipdy. | O hear to | W 2083 |
| BP | 23a. B | URIAL, CREMATION, REMOVAL SPECIFY) Burial | 23b. DATE 23c. NAME OF CEMETE 3-30-87 John Wes] | | Clarksburg | , Montg. | MD |
| DHMH - 16 60M 7/84 (VRA 15, 4) | 24. FL | INERAL DIRECTOR | 246 N None Washingto wden Rockville, MD 20 | on St 250. DATE R | EC'D. BY REGISTRAR 25b. REG | | |

mare 1 St. Taston He ... Plan Marie Blackstong C 4 405 Straglar Walter 1 19 29 year file the transfer to have



| 0 4 6 6 5 2 MAR | 11 | FOR - STATE REGISTRAR | DEPAI | RTMENT OF HEALTH AND MENTAL HYO CERTIFICATE OF DEATH | GIENE 7 0 8 8 9 9 |
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| noy be poge 3 | | PECEASED NAME FIRST PE OR PRINT) ATINE | MIDDLE C. | Wiprud | March 3, 1987 6:15 a.m. |
| ge 4 mo; ector, po urs ofter c | 3. S | male | 4 RACE Caucasian | S. Date of BIRTH August 6 1873 | 6. AGE (IN YEARS LAST BIRTHOAY) IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN. |
| deoth. Po | | SIRTHPLACE (STATE OR FOREIGN COUNTRY) | 76. CITIZEN OF WHAT COUNTR | MARRIED NEVER MARRIED | 9 BALTIMORE CITY OR COUNTY OF DEATH Montgomery |
| 201 | B | ethes da | Fernwood Nu | | 120 USUAL OCCUPATION 126 KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY |
| AND 21 hou in 24 hou hould be | M | aruland Man | OR OTHER INSTITUTION, GIVE RESIDENCE BEF JUNTY 13c. CITY OR TO TACIMORU ROTHOLO | ISE INSIDE CITY EIMIS! | 13e STREET ADDRESS / ZIP CODE 6530 Democracy Blvd. 20817 |
| MARYLI red with | 14. F | ATHER'S NAME FIRST Thoroim | MIOOLE LAST T. Winn | 15. MOTHER'S MAIDEN NA FIRST Thora | ME AIDDLE LAST |
| IIMORE, | | WAS DECEASED EVER IN U.S. A | | CURITY NO. 17 INFORMANT | ighter ADDRESS 14507 Faraday Drive |
| RECORDS, 201 W. PRESTON ST., E for impulses that the death certificate the signed by it cateridates by the cateridate by | NOI | Conditions, if ony, which gove rise to immediate couse Io), stating the underlying couse lost. | only one couse per line for (a), (b), SED BY: ATE CAUSE (a) DUE TO, OR AS A CONSECTION TO DUE TO, OR AS A CONSECTION (c) T CONDITIONS CONTRIBUTING TO | DUENCE OF algleine | APPROXIMATE INTERVAL BETWEEN ONS, TAND DEATH STATE OF THE STATE OF TH |
| TAL RECO | CERTIFICATION | 190 DATE OF OPERATION | | H OPERATION WAS PERFORMED | 206 AUTOPSY? 206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO NO |
| DIVISION OF VITAL NG PHYSICIAN offending phy ffer this certificate in os the buriol-tran th and Mental It in the ond Mental It is orked or term? | MEDICAL CE | 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI LIFE ETHER, NOTIFY MEDICAL EXAMINI 21d. INJURY OCCURRED WHILE AT WORK AT WORK | | 19 211 LOCATION | CITY OR TOWN |
| A ATTENDIF hospital or IRECTOR: All hed for use a ept. of Health them 21 is man | | sow the deceased alive of | pitol) attended the deceased from 24 (52 n \$ 219 not) view the bady after death. | | deoth occurred on the date and hour and from the couses stated 22c. DATE SIGNED |
| D HOSPITAL C flamed by the O FUNERAL D O FUNERAL D outlift be detected the Store D | | 120d. PHYSICIAN'S NAME (TYPE GUSTAVO | 5 Belavi | 22 ADDDECC | MEDICAL STAFF POIRECTOR PHYSICIAN 3 712 87 THE WORLD FIRST MEDICAL CENTER OF Spring Med 20906 |
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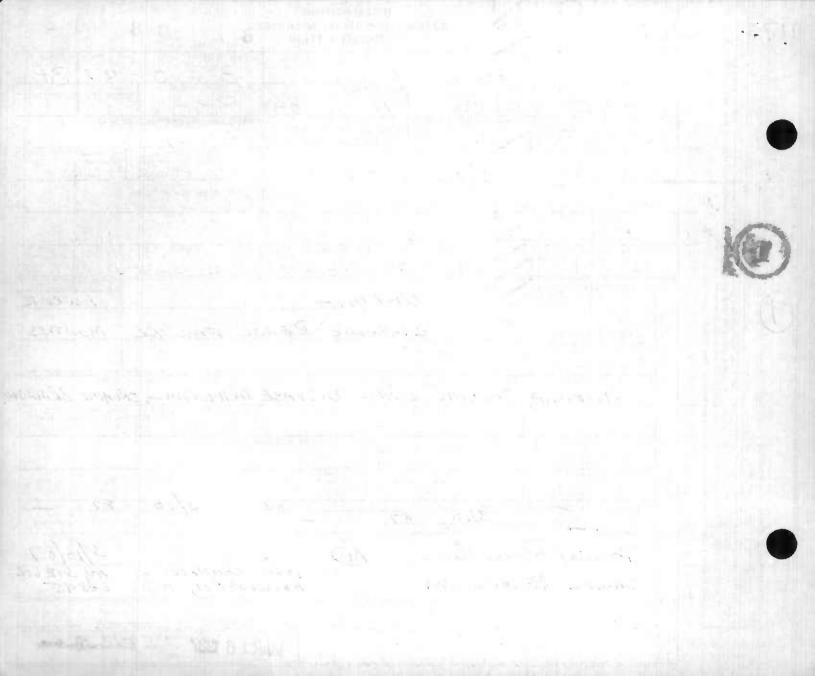


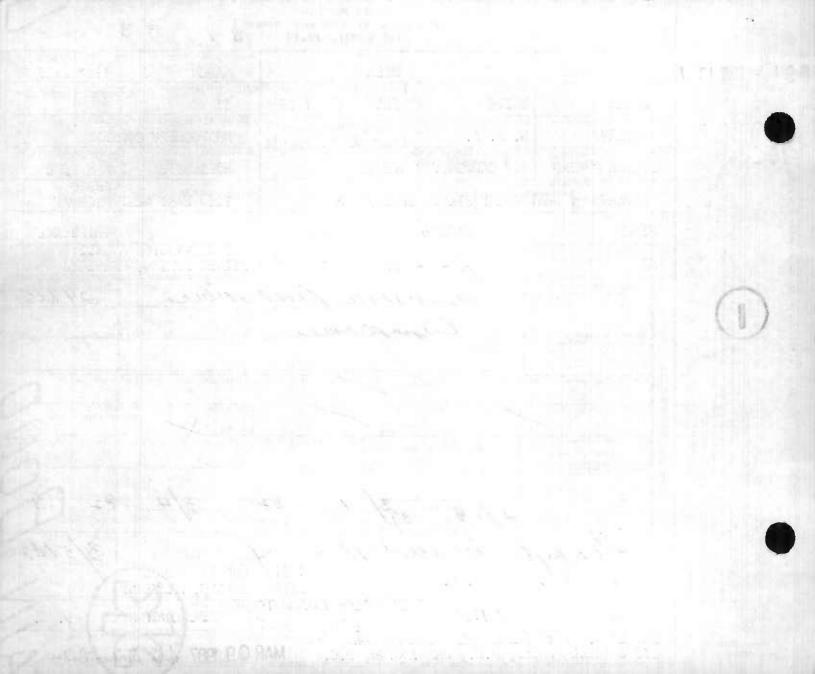
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| ge 4 mc | | Female | | White | | S. DATE C | | | AGE (IN YEARS LAST BIRT | | UNDER I YEAR | HOURS MIN. |
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| AND 215 | 5 | Maryland | Mont | other institution. ITY gomery | 13c. CITY OR TOV | VN. | 13d. INSIDE CITY LIMIT | | 17721 Lisa | a Drive | 2085 | 5 |
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| ORDS, 201 requires the ren signed to at 10 berrolls or 10 berrolls | | PART 2 OTHER S | | ONDITIONS CO | INTRIBUTING TO | <u>DEATH</u> BUT | NOT RELATED TO THE | | | DITION GIVEN | VERE FINDIN | |
| AL REC | 2 | Ä | | | | OPERATIO | | | YES NO. | IN CERTIFYII | NG CAUSES | |
| ACIAN: a physical sertifical isol-tran ordal Hyg ferm 18 s | 9 | 21g. ACCIDENT WAS OR CONTRIBUTING [(IF EITHER NOTIFY A | CAUSE OF DEA | III | M. MONTH D | AY YEAR | 21c. HOW INJURY OC | CCURRED | (ENTER NATURE OF INJUR | RY IN ITEM 18 PAR | 1 1 OR PART 2) | |
| G PHYS offendir the this tond M. | | 21d. INJURY OCC | T WHILE WORK | 21e PLACE (| OF INJURY BET, FACTORY, OFFICE | FARM, ETC) | 211 LOCATION STREET | | CITY OR TO | wN | COUNTY | STATE |
| ATTENDE ACTOR AL | | saw the dec abave, (1) | eased alive and | al) attended the | deceased frame | 27, or | nd that in (my) (cor) ap | 8.7 Inion dea | th accurred on the do | ite and haur a | nd fram the c | hat (I) (wo) last auses stated |
| Y the hard OR of the hard Diversity Dept. | | Th. SIGNATURE | esh. | Brown | u Mi | 1 | DEGREE ATTENDIN PHYSICIA | | MEDICAL STAF | | 3/24 | 181 |
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| DHMH - 16 50M 4/B2 | | 1 331 R | Tyson V | Wheeler | Funeral | Home, | Inc. 250 | o. DATE R | R 3 O 1987 | 256. REGISTRA | R'S SIGNATI | Mandam. |

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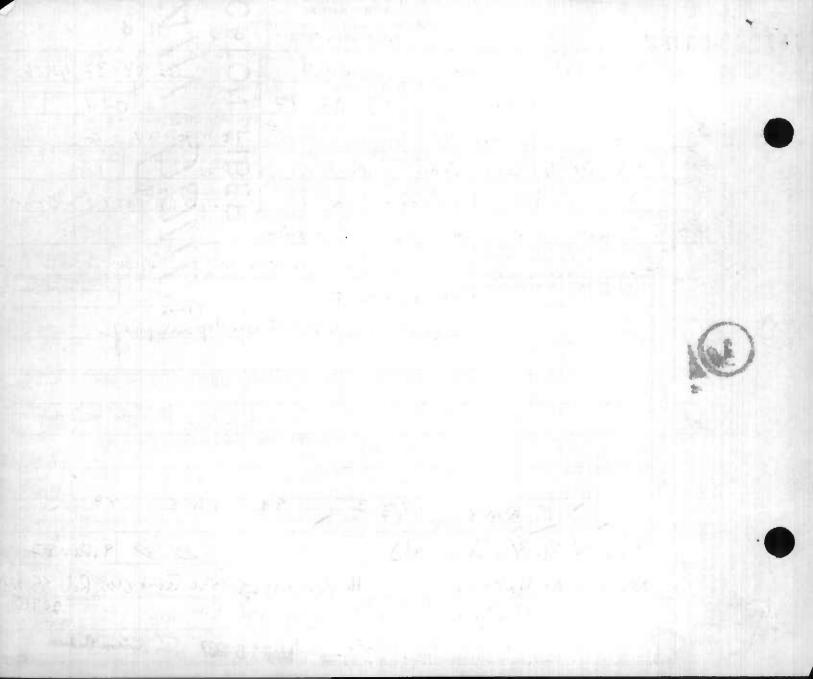
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| mo) | 3. SE | X | 4 RACE | 5. DATE OF BIRTH | 6 AGE (IN YEARS LAST BIRTHE | DAY) IF UNDER I YEAR IF UN | IDER 24 HRS |
| rs of | | Female | Caucasian | MONTH DAY YEAR | 86 | YRS DAYS HOUR | RS MIN. |
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| 0 1 1 S | J. I | New York | USA | MARRIED NEVER MARRIED WIDOWED DIVORCED | Montgomery | County | MD. |
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| led th | J | akoma Park | Washington Adver | ntist Hospital | Homenaker | ORKING LIFE) INDUSTRY OWN NOME | 9 |
| e a | USU | AL RESIDENCE (IF NURSING HOME O | OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE | ADMISSION) | | 210 | 200 |
| The second | | | Arundel Gambrill | | 2047 Hermit | age Hills Driv | ve |
| Selv Selv | | ATHER'S NAME | | 15. MOTHER'S MAIDEN NA | | 0 | · |
| D C | / | Anthony | Wierzbowsk | ri Roselyn | MIDDLE | Holinski | |
| 5 2 5 | | VAS DECEASED EVER IN U.S. A | | | OARDRESS | ermitage Hill | a David |
| Poge nedi | 1 | | 086-18-0 | 0087 Barbara A. Si | niere Gambri | lls, MD 2105 | |
| 15. | | NO - | | | PICIB GGMDII | APPROXIMATE IN BETWEEN ONSET | |
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| R. S. J. S | 100 | | DUE TO, OF AS A CONSEQUE | HICEPES DUITON | 1 Lugar Cas | was Quale | |
| 200 | 18 | Conditions, if any, which gave rise to immediate | (b) 110148 | are varcen | LURY STR | acoc Our | 5 |
| 2711 | | cause (a), stating the underlying cause last. | DUE TO, OR AS A CONSEQUE | NCE OF | 7 | | |
| leon of or | | onderlying coose lost. | (Ic) | | V | | |
| her p | NO | PART 2 OTHER SIGNIFICANT | CONDITIONS CONTRIBUTING TO D | DEATH BUT NOT RELATED TO THE TERM | AINAL DISEASE OR CONDIT | ION GIVEN IN PART Tra | |
| 1 1 1 1 | CATIC | 1% DATE OF OPERATION | 10h CONDITION FOR WHICH | OPERATION WAS PERFORMED | 20a AUTOPSY? | 10b. IF YES, WERE FINDINGS U | SED |
| 549 1/ | FFC | No. Williams, Services, Se | | or environment | | IN CERTIFYING CAUSES OF DI | EATH? |
| 112 | CERT | 28s. ACCIDENT WAS UNDERLYING. [| 7 21h TIME OF INJURY | 1214 HOW IN THRY OCCUR | RED (ENTER NATURE OF INJURY I | | |
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| 27 9 | Ä | WHILE IT NOT WHILE IT | THE PLACE OF INJURY (AT HOME STREET, FACIONY, OFFICE, FA | 21f. LOCATION STREET | CITY OR TOWN | COUNTY | STATE |
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| it m | | 228.1 certify of (1) this hose | sital attended the desposed from | | | MC, 19 62, the (1 | e) lost |
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| At C | | 1/1/10 0 | 1 INMANUOU | ATTENDING PHYSICIAN | MEDICAL STAFF DIRECTOR PHYSICIA | NO 3/4/8 | 17 |
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE. - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 1 DECEASED NAME 2a DATE OF DEATH 26 HOUR (TYPE OR PRINT) Nicole WOODWARD Marie 4 RACE 6 AGE (IN YEARS LAST BIRTHDAY) FEMALE Caucasian L CITIZEN OF WHAT COUNTRY 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED X Maryland MONT GOMERY WIDOWED DIVORCED TO CITY OR TOWN OF DEATH 1. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12b. KIND OF BUSINESS OR INDUSTRY None None 131 COUNTY 13d. INSIDE CITY LIMITS? 13e.STREET ADDRESS / ZIP CODE Charles WALDORF 3427B WALNUTCT. 20601 YES 14 FATHER'S NAME Marie Irwin JEANNIE WOODWARD 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT NO OR UNKNOWN HE YES, GIVE WAR OR DATEST Clark D. Woodward (Father) Same as #13 None APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c), PART I. DEATH WAS CAUSED BY: Cardrac amest IMMEDIATE CAUSE 10) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which cause (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110. 190 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION CITY OR TOWN COUNTY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 22a.t certify that (his hospitol) attended the deceased from, Nin ond that in (in) (our) opinion death occurred on the date and hour and from the couses stated sow the deceased alive on. obove, (h (we) (did) (did not) view the body ofter death. DEGREE ATTENDING PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS 1500 Forest Glen Rd 23a BURIAL, CREMATION, REMOVAL 23¢ NAME OF CEMETERY OR CREMATORY 03/10/87 Cremation Metropolitan Crematory Alexandria Virginia 250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR DHMH - 16 60M 7/B4 Francis Casch's Sons Funeral Home, P.A. (VRA 15, 4) 4739 Baltimore Avenue Hyattsville, Md. 20781



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| dec dec | | HITLELN | 1/1/46 | LVM | VOL | 1 | 3 | 3/8/ | LAM |
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| a 52 m | 7a. BIRTHPLACE | (STATE OR FOREIGN | 76. CITIZEN OF WHA | COUNTRY? | - | - | 9. BALTIMORE CITY OR COUNT | | |
| 6 EC 36 F0 | COUNTRY) | | | | MARRIED NEVER | MARRIED - | | | |
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| | 4, FATHER'S NA | ME | | | IS. MOTHER | S MAIDEN NA | | | |
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| E V FJAVO | Joh | in Th | omas | Kerns | F. | cora | | Slayman | L |
| R R | | SED EVER IN U.S. AR | | SOCIAL SECURI | TY NO. 17 INFORMA | ANT COW | in 38220 Bel Pr | o Road | |
| OF # # # # 5 | (YES, NO OR UN | KNOWN) (IF YES, GI | VE WAR OR DATES) | 25 06 2 | 170 1 - 1 7 | | | | 20001 |
| E # 85 G | no | | 2 | 35-28-3 | 1/2 Lean J | 1. Neste | er Silver Spri | ng, Ma. | 20906 |
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| gne gne bur ry, | PART 2 O | THER SIGNIFICANT | CONDITIONS CONTR | BUTING TO DE | ATH BUT NOT RELATED | TO THE TERM | INAL DISEASE OR CONDITION G | IVEN IN PART 110 | (7) |
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| SEC low | O I'M | OI CIERATION | 170. CONDITION | FOR WHICH O | PERALION WAS PERFC | DKMED | ZUG AUTOPST? ZUB IF T | ES, WERE FINDING | GS USED OF DEATHS |
| AL M | 1 1 | | | | | | | YES T | NO [|
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| P Shy | OR CONTROL | BUTING CAUSE OF DE | | | YEAR | JOHN OCCORN | LENIER NATURE OF INJURY IN TIEM IS | PART TORPART 2) | |
| SICLY Dig P Certification of them | (IF EITHER | NOTIFY MEDICAL EXAMINER | | | 19 | | | | |
| DIVISION OF VIT | (IF EITHER. | YOCCURRED | 21e. PLACE OF IN | JURY | 211 LOCATIO | ON | | | |
| ISI the the photo of the photo | ¥ WHILE □ | NOT WHILE | (AT HOME, STREET, FA | CTORY, OFFICE, FAR | | | CITY OR TOWN | COUNTY | STATE |
| DIVIS Par offer the costhe althonounarked | AT WORK | AT Y ORK | | | /40 | | - / | - | |
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| TH OR I | | | | | 7 and that in Fry | Zour) opinion | leath occurred on the date and ha | | ior (i Cive) iosi |
| AT AT | diove | (I) we) Idid (did no | t) view the body after | deoth. | , one mer in | · · · · · · · · · · · · · · · · · · · | | or one from the co | auses stated |
| DIRECTOR A | 22b. S/GN | ATURE 0 | DIX | | DEGREE | | | 22c. DA/E S | IGNED / |
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| O HOSPIT etoined by TO FUNER should be d with the Str | 1)0 | NACDA | LEW/ | 5 MIL | 4000 | DUNC | YLAYT ED C | XNCY ' | 1d 70832 |
| retoin shaul with | 73 0110 | | | | | | 71. | | |
| 000 | 23a. BURIAL, CRE | MATION, REMOVAL | | | ME OF CEMETERY OR | CREMATORY | 23d LOCATION | | |
| GQ & BP 44 | Bur | ial | Apr. 3, 19 | 87 Gr.o | enway Cemer | tonu | Berkley Spring | Makagn | W Vin |
| 177111 | 24 FLINERAL DIS | ECTOR + | | | c. arting Canon | | | | |
| DHMH - 10 60M 7/84 | NAME | Franci | s J. Colli | ns APORE T. | | 250/0 | REC'D BY REGIS TRAR 256 REGIS | RAK BEIGNAR | Kingan |
| (VRA 15, 4) | | | | | Spring. Mo | 1. | | | |
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| 1100 | | | FOR | | | DEDA | | OF MARYLAND | TAL HVOITHE | | | . 0 | 7. |
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| 14951 | APR | 137 | STATE REGISTRAR | | | DEFA | | EALTH AND MENT ICATE OF DEAT | 2.2 | REG. NO. | 087 | , 0 | 0 |
| oy be | deoth | (TYPE | | FIRST | IE | MIDOLE | YA. | LOM | | TE OF DEATH MO | 3/31/8 | YEAR 26 HO | OUR 5 A-M |
| - oge 4 m | irector, pog ours ofter d | | EMALE | | 4. RACE WHITE | | | 21 DAY 190 | 53 8 | | YRS. | DAYS HOURS | DER 24 HRS |
| Aeo # | To | P | RTHPLACE (STATE OR FO O'L'AND/RUSS) | [A | U. S. | A | MARRIE | DIVORC | ED T | | OMER | ZY | MD. |
| 100 | The date | R | TY OR TOWN OF DEAT OCKVILLE | | HEBREW | "HOME" C | F GREAT | ER WASHIN | IGTON 120 US | ERCHANT OF WO | ORKING LIFE) INDE | 親のCery LOUOR | NESS OR |
| LAND 2 | 1135 | 13aM | ARYLAND THER'S NAME | 3MENT | GOMERY | ROCKUT | | 13d. INSIDE CITY LIV YES NO | D 6 | EET ADDRESS / ZI | OSE ROAD | 20 | 1852 |
| MARY thed with | 351 | L | OUISIRST | | MIDDLE | RABINO | | MIRTAM | | WIDDLE | | /ALOM | |
| JIMORE be exec | n. Pages | N | (AS DECEASED ÉVER IN O. NO OR UNKNOWN) | | MED FORCES? E WAR OR DATES) | 092-05 | | 17. INFORMANT LAURA | ROBINSON | 5 789 ETHES1 | ENOX ROA | (D (LAND | |
| ST. BAI | a physic compage remayor, | | 18 CAUSE OF DEATH PART I. DEATH WA | S CAUSE | ly one cause per O BY: E CAUSE (o) | line for (a), (b), | | EMIA | | | | APPROXIMATE INT TWEEN ONSET AN | - |
| RESTON death o | othendis neve cort otion, or troumatic | | Conditions, if ony, gove rise to imme | | DUE TO, OR | AS A PONSE | SSUR | E UL | CER | | 1 | Y MEN | 745 |
| * / | or other | | cause (a), stating underlying cause | the | DUE TO, OF | AS A CONSE | | CT DE | MENTIA | 1 | | | |
| 2.2 | d d d | NO | PART 2 OTHER SIGNII | FICANTO | ONDITIONS CO | T. M. M | DB14 | 1-1 | HE TERMINAL DIS | SEASE OR CONDITION | ON GIVEN IN PA | ART 110 | |
| AL RECO | Section of the sectio | CERTIFICATION | 19a DATE OF OPERATION | NC | 19b. CONDI | TION FOR WH | | N WAS PERFORMED | 20a YES | IN | Ib. IF YES, WERE F CERTIFYING CA | FINDINGS US AUSES OF DEA | ATH? |
| CIAN. | in the man | | 21a. ACCIDENT WAS UNDER OR CONTRIBUTING CAL (IF EITHER NOTIFY MEDICA) | USE OF DEA | | A. MONTH | DAY YEAR | 71r. HOW INJURY | OCCURRED (IN | THE NATURE OF PUBLIC PA | TEN TE CAST TORPA | H(T,5) | |
| DIVISION OF | her this c is the bur h and Me rked or it | MEDICAL | 21d INJURY OCCURRE WHILE NOT WHILE AT WORK | | 21e. PLACE C | | | 211 LOCATION | - | CITY ON YOWN | COUN | 474 | STATE |
| ATTENDIR Spriol or | for of Heat | | 22a.1 certify that (I) (t now the deceased above, (I) (seriod | alive on | 3/3// | . 10 | 1 | 19 19 19 19 19 19 19 19 19 19 19 19 19 1 | a G to_ opinion death so | 3/3// | 10 8 7 | | (we) last |
| AL OR A | AL DIRECTOR DEPT. | | 77% SIGNATURE | M | Casal | | / | EGREE 1 D ATTENI | DING MEDI | CAL STAFF | 1/2 | 3//d | 7 |
| HOSPI Thirted b | Nould be default the State | | 22d. PHYSICIAN'S NAM | D. C | PATEL | - , M'D | * | 6/2/ A | 10NTR | SE RD, | Rock | rile . | M). |
| BP | 10.00 | B | urial, cremation, re IRTAL | | 236. DATE 4/2/19 | 87 | LODGE C | MEUT COEW EMETERV | W | ASPITNIGTON | | D. | State. |
| | I - 16 60M 7/84 VRA 15, 4) | 24 DC 23 | MALDREMOR ST 32 CARROLL | EIN I | HEBREW MET. N. W | IEMORIA. | L FUNER | AL HOME | | BY REGISTRAR 25b | REGISTRAR'S SH | | lace |

| | 1- | FOR STATE REGISTRAR | | | DEPARTN | LENT OF H | OF MARYLA EALTH AND I | MENTAL HYG | 8 | REG. NO. | 0 | 8 9 | 0 7 |
|---------|--------|---|----------------------------|---|-----------------------------|------------------|-----------------------|-----------------------|--|--------------------------|----------------|--------------------------------|----------------------------------|
| | | CEASED NAME | FIRST | 911 | MIDDLE | V | ast Loc | | 20. DATE OF DE | Carch | 5 DAY | 1987 | 5 575 |
| | 2 654 | | | RACE | D. | 5 DATE C | E BIRTH | | 6. AGE (IN YEAR | | IF U | INDER I YEAR | IF UNDER 24 HRS |
| 18 | 3. SEX | Male | | White | e | Mar | DAY | 1904 | 82 | YI | - | | HOURS MIN. |
| 2 | | RTHPLACE (STATE ORI | | CITIZEN OF | WHAT COUNTRY? | MARRIE WIDOWE | NEVER A | WARRIED D | 9 BALTIMORE | nonte | | | MD |
| 70 | / | TY OR TOWN OF DE | ATH | 1. NAME OF | HOSPITAL, NURSIN | G HOME C | | | 12a USUAL OC (TYPE OF WORK FO Banke: | R MOST OF WORKE | NG LIFE) | 126 KIND O INDUAIS Subur | ban Banl |
| 5 | 130 S | AL RESIDENCE (IF NURS | 13b. COUN | THER INSTITUTION | | N | 13d INSIDE C | | 13e STREET AD 407 Rus | DRESS / ZIP C sse11 A | ode ve. | Suite | 20877 404 |
| 3 | | THER'S NAME FIRST Ernes t | N | Wynn | last Yate | S | | s maiden na/ Lelia | | May | | Baw | den |
| 1 | | VAS DECEASED EVER | IN U.S. ARA | WAR OR DATES | 213-01-59 | | 17 INFORMA Margar | | Yates- | ADDRESS wife- (| same | e as 1 | .3e) |
| 1 | | 18 CAUSE OF DEAT PART I. DEATH W | H (Enter and /AS CAUSED | y one cause pe BY CAUSE (0) | | d (c" | | | | | | | MATE INTERVAL ONSET AND DEATH |
| | | Conditions, if any | | | RAS A CONSEQUE Antie val | | | | | | | year | na_ |
| | | gove rise to im- cause (a), statil underlying cause | ng the | DUE TO, C | DR AS A CONSEQUE | | | | | | | | |
| 2 14 10 | ATION | PART 2 OTHER SIG | NIFICANTO | ONDITIONS C | the conin | rid t | NOT RELATED | To the TERM | a heart die | DR CONDITION | Least Least | Hoch on | d permenent |
| 2 | TECAT | 190 DATE OF OPERA | TION | 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? YES NOT | | | | | SY? 20b. I IN C | FYES, W | NG CAUSES | OF DEATH? | |
| 9 | T CER | 210 ACCIDENT WAS UN | | 216. TIME O | OF INJURY ,M. MONTH D. | AY YEAR | 21c HOW II | NJURY OCCUR | RED (ENTERNATU | RE OF INJURY IN ITE. | M 18 PART | 1 OR PART 2) | |

21f LOCATION 21e PLACE OF INJURY 21d INJURY OCCURRED COUNTY CITY OR TOWN (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE

22a 1 certify that (1) (this baspital) attended the deceased from and that in (my) (was opinion death occurred on the date and hour and from the causes stated sow the deceased alive on above, (I) (and not; view the bady after death

DEGREE 22b. SIGNATURE MD ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN ATTENDING

BYRL O. JOHNSON

3-10-1987

911 N. Russell Aux. Gaithersburg, Md. 20879

230 BURIAL, CREMATION, REMOVAL (SPECIFBurial

23c NAME OF CEMETERY OF CREMATORY Fort Lincoln

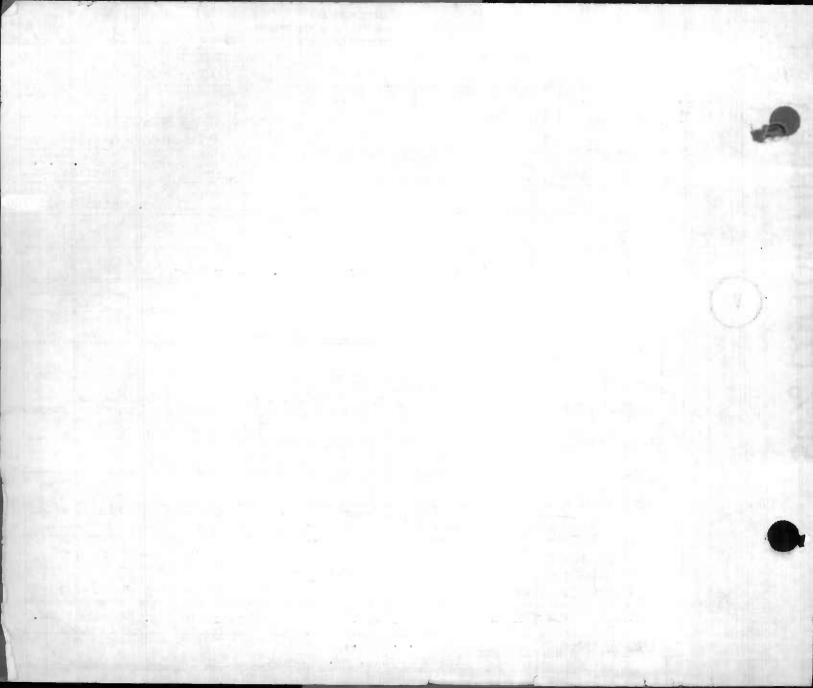
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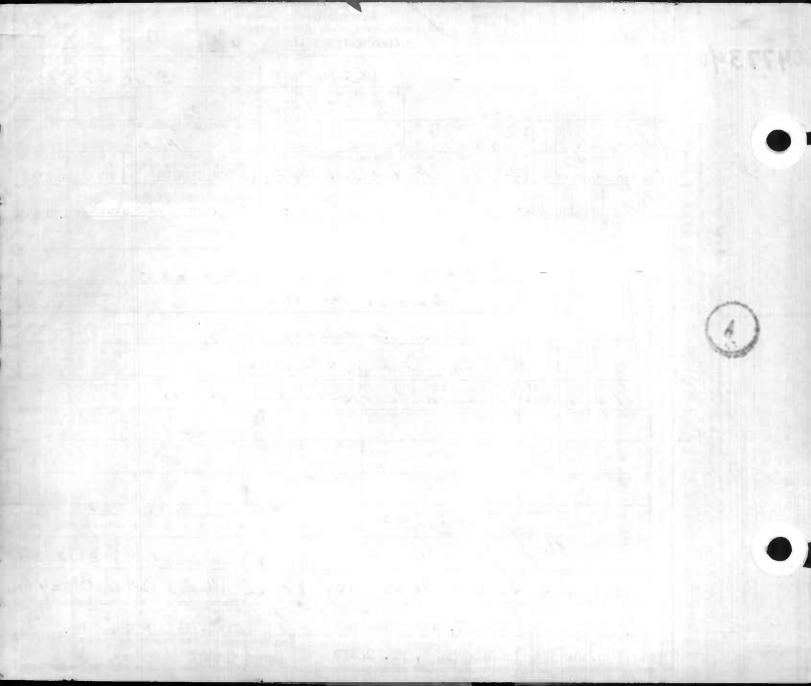
24 FUNERAL DIRECTOR lines/Rinaldi Funeral Home

11800 N.H. Ave., Silver Spring, Md. 25a DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

DHMH - 16 60M 7/B4 (VRA 15, 4)



| | | | | | | STATI | OF MARYLAND | | | | |
|--|----------------|-------------------------------|---------------------------------------|-------------------|--|------------|-------------------------|---------------|---|---------------------------------|----------------|
| | 1- | FOR STATE | TOUN | | DEPARTM | | EALTH AND MENTAL | L HYGI | ENE 8 / 0 8 | 1 1 0 | 8 |
| 10 1 | 1 DE | REGISTRAR CEASED NAME | JOHN | | AIDDLE | CERTII | | AIR | REG. NO. 20 DATE OF DEATH MONTH DA | Y YEAR TOL | HOUR |
| 1011 6 | TYPE | OR PRINT) | JOHN | | _ | V | SSAIR. | | 3 12 | Oh I | · 3/1 A |
| | 3 SE | Х | 001110 | 4. RACE | | 5 DATE C | | | 0 . | - / / . | UNDER 24 HRS |
| | | HALE | | white | | MONTH | | 94 | 92 YRS. 100 | NIHS DATS HO | DURS MIN. |
| TO T | | RTHPLACE (STAT | E OR FOREIGN | Th CITIZEN OF | WHAT COUNTRY? | 8 | □ NEVER MARRIED | | BALTIMORE CITY OR COUNTY O | FDEATH | |
| | HASSAChusEtts | | | 45 | | WIDOWE | | | Host. | | MD. |
| No. | 10. C | ITY OR TOWN OF | DEATH | BROOK | HOSPITAL, NURSIN HEACILITY, GIVE STREET | DDRESS) | WS6 Hom | | 120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) BACTERIOLOGIST | 126 KIND OF BUINDUSTRY FOOD CA | |
| 0 | USU/ 13a. S | AL RESIDENCE IIF | NURSING HOME OR | OTHER INSTITUTION | GIVE RESIDENCE BEFORE | ADMISSION) | 13d. INSIDE CITY LIMIT | | 13e.STREET ADDRESS / ZIP GODE | 1000 01 | HILLIA |
| Ca | | MD | | wt. | BROOKEVI | | YES NO | } | 21150 NEW HAMPSH | TRE AVE | 20833 |
| 0 | 14 FA | ATHER'S NAME FIRST UNKN | IOWN ' | AIDDIE | YESAIR | | 15. MOTHER'S MAIDE | | E NKNOWN MIDDLE | LAST | |
| OJICO | | WAS DECEASED E | | AED FORCES? | 16b. SOCIAL SECU | RITY NO. | 17 INFORMANT | | ADDRESS | | |
| e Be | | * | - | | 578-03-4 | 292 | Nancy L. C | anb | y Same as # 13 | | |
| TO THE STATE OF TH | | 18 CAUSE OF D PART I. DEAT | | CAUSE (a) | line for 10) (b), and | uar | Onnes | | | APPROXIMATE BETWEEN ONSE | TAND DEATH |
| Mark | | 1000 | | DUE TO, OF | AS A CONSEQUE | NCE OF | dio hy | , , | 2012 | · Ino | 17. |
| 1001 | | Conditions, if gave rise to | immediate | (b) | Sance | Co | acco my | 0 | 7 | 1.000 | |
| r of n | | couse (o), s underlying co | | DUE TO, OF | AS A CONSEQUE | NCEOF | io Scheri | יל כל | S | | - 5 |
| ulory, o | NO | PART 2 OTHER: | SIGNIFICANT C | ONDITIONS CO | niributing to D | Cocre | NOT RELATED TO THE | TERMIN Veo | NAL DISEASE OR CONDITION GIVEN | IN PART Train | |
| | CERTIFICATION | 19a DATE OF OP | ERATION | 196 CONDI | TION FOR WHICH | OPERATION | N WAS PERFORMED | . 0 | 200 AUTOPSY? 206 IF YES, VIN CERTIFYII | VERE FINDINGS NG CAUSES OF D | USED DEATH? |
| | CER | 210. ACCIDENT WA | | 21b. TIME O | FINJURY M. MONTH DA | V VEAD | 21c. HOW INJURY OF | CCURRE | D (ENTER NATURE OF INJURY IN ITEM 18 PAR | I OR PART 2) | |
| 1 | CAL | OR CONTRIBUTING | MEDICAL EXAMINER) | 111 | | 19 | | | | | |
| Kedor | MEDICAL | WHILE OCC | TURRED | 21e PLACE (| OF INJURY EFT FACTORY, OFFICE, FA | RM ETC) | 21f LOCATION STREET | | CITY OR TOWN | COUNTY | STATE |
| e E | 12 | | | ol) attended the | deceased from_ | | , 19/ | 98 | 4, to 3.12, 19 | S.F. that | (I) (we) last |
| 17. | 12 | saw the dec above, (I) (w | eased alive an . e) (did) (did not | view the body | | 5 7, an | d that in (my) (aut) ap | inian de | eath accurred on the date and hour a | nd from the caus | es stated |
| T Hen | | 22b. SIGNATURE | Olu | es SC | auler | | DEGREE ATTENDI | NG AN ND | MEDICAL STAFF DIRECTOR PHYSICIAN | 224 DATE SIGN | NED 2.87 |
| J. CKIA | | 22d. PHYSICIAN | NAME LIYPE OR | PRINT) | AWIE | SS | 18 111 PR | line | e Philip Deu | ie Oln | Ey will |
| 5 | 23a B | BURIAL, CREMATION | ON, REMOVAL | 236 DATE | 23¢ N | AME OF CI | METERY OR CREMAT | ORY | 23d LOCATION | | |
| | 1 | BURIA | | MARCH | 17,1987 | PARKI | LAWN | | ROCKVILLE MON | C. MD. | STATE |
| /B4 | | JNERAL DIRECTO | | | ADDRESS . | · C | | B DATE | | | |
| | M | URIËL H. | BARBER | LAYTON | SVILLE; | MD. 2 | 0879 | MAR | 1 9 1987 | rdia P | - |

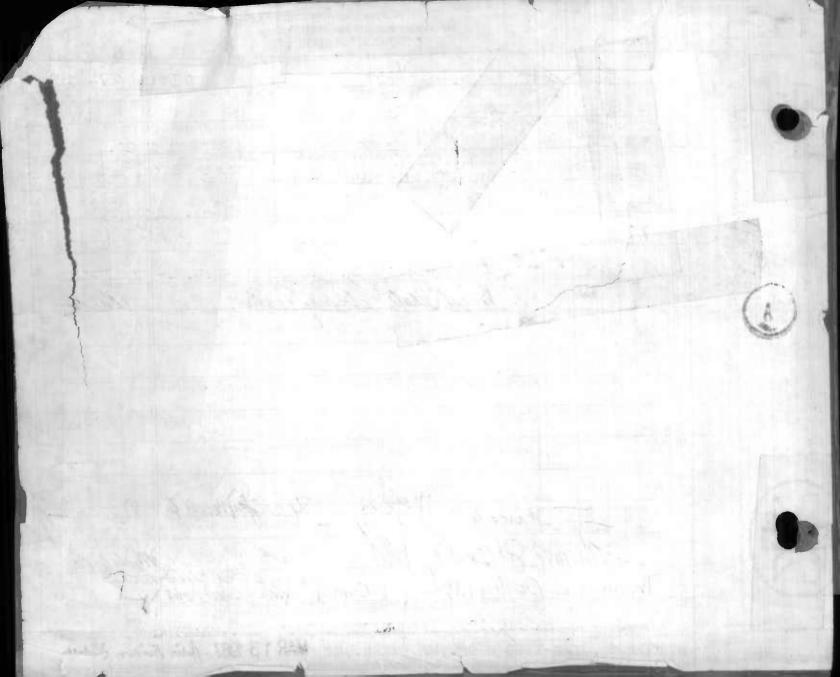


WASH., DC

Aulia Dandon

HYSONG CO., INC-1300 N STURESNW

DHMH - 16 50M 4/82 (VRA 15, 4)



| 045203 AR | FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE CERTIFICATE OF DEATH OREGISTRAR OREGISTRAR |
|--|--|
| y he geenth | 1. DECEASED NAME FIRST, MIDDLE LAST 20. DATE OF DEATH MONTH DAY YEAR 20 HOUR (TYPE OR PRINT) MIDDLE LAST March 23, 1967 8:44p |
| 10 | Female Value 9, 1895 AGE (IN YEARS LAST BIRTHDAY) FUNDER 1 YEAR OF UNDER 24 HAS Figure 9, 1895 Figure 9, 1895 |
| C 11 23 | Virginia 76. CITIZEN OF WHAT COUNTRY? WIDOWED DIVORCED DIVORCE STATE OR FOREIGN NEVER MARRIED NEVER MARRIED MONTGOMETY MONTGOMETY MONTGOMETY |
| os offer by the filled with | Rockville 11. Name of hospital, nursing home or other institution Rockville 12. USUAL OCCUPATION (179E OF WORK FOR MOST OF WORKING LIFE) INDUSTIFED TO SOLVE HOLD FOR MOST OF WORKING LIFE INDUSTIFED TO SOLVE HOLD FOR MOST OF WORKING LIFE INDUSTIFED TO SOLVE HOLD FOR MOST OF WORKING LIFE INDUSTIFED TO SOLVE HOLD FOR MOST OF WORKING LIFE INDUSTIFED TO SOLVE HOLD FOR MOST OF WORKING LIFE INDUSTIFED TO SOLVE HOLD FOR MOST OF WORKING LIFE INDUSTIFED TO SOLVE HOLD FOR MOST OF WORKING LIFE INDUSTIFED TO SOLVE HOLD FOR MOST OF WORKING LIFE INDUSTIFED TO SOLVE HOLD FOR MOST OF WORKING LIFE INDUSTIFED TO SOLVE HOLD FOR MOST OF WORKING LIFE INDUSTIFED TO SOLVE HOLD FOR MOST OF WORKING LIFE INDUSTIFED TO SOLVE HOLD FOR MOST OF WORKING LIFE INDUSTIFED TO SOLVE HOLD FOR MOST OF WORKING LIFE INDUSTIFED TO SOLVE HOLD FOR MOST OF WORKING LIFE INDUSTIFED TO SOLVE HOLD FOR MOST OF WORKING LIFE INDUSTIFED TO SOLVE HOLD FOR MOST OF WORK FOR MOST O |
| AND 217 | 13d. STATE 13b. COUNTY 13d. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS 13d. STATE 13d. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13d. STREET ADDRESS 503 McArthur Drive 20850 |
| MARY Copies | Henry Jacob Moler Frances ! Middle Zecher |
| IMORE Popel | was deceased ever in u.s. armed forces? 166 Social security no. 17. Informant Rockville, Maryland 20850 Frances M. Zecher 501 McArthur Drive |
| W. PRESTON ST., BAI to the death principle by the attending physics are remove carbo eath communities as removal | APPROXIMATE INTERVAL BETWEEN ONSEL AND DEATH PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gove rise to immediate cause (a), stating the underlying cause last. DUE TO, OR AS A CONSEQUENCE OF |
| CORDS, 20 | PART OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART TO 190 DATE OF OPERATION 190 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 200 IF YES, WERE FINDINGS USED IN CERTIFICIAL CALLSES OF DEATH 200 IN CERTIFICIAL CALLSES OF DEATH 200 IN CERTIFICATION CONTRIBUTION |
| ALREAD TO THE TOTAL TO THE TOTA | YES I NOW YES IN NO IN |
| NOF VI | 21a. ACCIDENT WAS UNDERLYING |
| NO Per attents in the but and in the but and in the but the bu | 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK NOT WO |
| o letter | 220.1 certify that (1) (this haspital) attended the deceased fram |
| TAL OF | 27% SIGNATURE DEGREE ATTENDING MEDICAL STAFF 3-24-87 |
| O HOSP trained to O FUNE hould be thinked | 22d PHYSICIAN'S NAME LITTE CORPORT L BUCY 809 UCIRS MILL Rd ROCHVITE |
| BP | 230. BURIAL, CREMATION, REMOVAL 33b. DATE 3/26/87 Middletown Lutheran Cemetery Middletown, Maryland |
| DHMH - 16 50M 4/82 (VRA 15, 4) | 1331 Rockville Pike, Rockville, Md. 20852 1331 Rockville Pike, Rockville, Md. 20852 |

STATE OF MAKTLAND

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